



Automatic Payment Withdrawal Removal Request Form

Your Touchstone Energy® Cooperative 



N6868 County Rd. F • P.O. Box 546 • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax: 715.284.7143

Please complete and submit the following information to JACKSON ELECTRIC COOPERATIVE, PO BOX 546, BLACK RIVER FALLS, WI 54615 to REMOVE your account(s) from automatic payment withdrawal:

NAME ON BILLING STATEMENT:		MEMBER #:
ACCOUNT #:	ACCOUNT #:	ACCOUNT #:
<input type="checkbox"/> By checking this box, I understand that by signing this document I am authorizing Jackson Electric Cooperative to stop automatic payment withdrawal, for the accounts listed above, through my financial institution.		
<input type="checkbox"/> By checking this box, I understand this change will be effective as of the date listed below and I will be responsible for making any future payments on my account(s) on or before the first of each month.		

Member Printed Name as on Account:	
Member Signature:	Date:
Jackson Electric Cooperative Signature	Date:

Signature(s) must be witnessed at the Cooperative or notarized if sent through the mail.

Jackson Electric Cooperative Employee

STATE OF WISCONSIN)
) SS.
COUNTY OF)

Personally came before me this _____ day of _____, 20_____, the above-named _____
_____ to me known to be the persons who executed the foregoing instrument and
acknowledged the same.

Notary Public, County, Wisconsin
My Commission Expires _____