



# 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 24th 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 \_\_\_\_\_