

AUTO PAY BANK DRAFT AUTHORIZATION FOR ELECTRIC BILLING

This is to certify that I, _____ hereby, grant Jackson Electric Cooperative, Inc. of Edna, Texas the authority to draft my bank account each month, at _____ Bank of _____ for the amount of the monthly billing from Jackson Electric Cooperative Inc.

BANK TELEPHONE # _____

BANK ADDRESS _____

SIGNATURE _____

BANK TRANSIT # _____

BANK ACCOUNT # _____

JEC ACCOUNT(S) # _____

(Found on your electric bill. If new member, Cooperative will fill this out)

DATE: _____

E-MAIL: _____

PHONE: _____

*** The automated bank draft will be processed on the 10th of each month. You will need to **PAY THE FIRST MONTH** after you sign this form. **A VOIDED CHECK IS REQUIRED.** ***

PLACE CHECK HERE



Jackson Electric Cooperative, Inc.

Edna Billing Department
PO Box 1189, Edna, TX 77957-1189
Edna Office: (361)771-4400
Bay City Office: (979)245-3029

Email: rsilliman@myjec.coop