

Jackson County REMC
E-Z Pay Plan Authorization Form

(Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

REMC Account Number(s): _____

Daytime Phone: _____

Bank Name: _____

Bank City & State: _____

Checking Account Number: _____

(PLEASE INCLUDE VOIDED CHECK)

I authorize Jackson County REMC to draw monthly drafts on my bank account, shown above, for the payment of my monthly electric bill. I understand that I can discontinue my participation in the E-Z Pay Plan by notifying Jackson County REMC, and my bank may also terminate this agreement within 10 days of written notice. I understand that Jackson County REMC reserves the right to limit participation in the E-Z Pay plan to customers whose accounts are in good standing.

Please start withdrawing on _____ 17th, 20_____
(Month)

Be sure all information is complete and a voided check is included.

Signature _____ Date _____

Printed name _____

Mail your completed enrollment form to: **Jackson County REMC**
Attn: Billing Department
PO Box K
Brownstown, IN 47220-0311

Office Use Only:

Bank Info Entered ____ Service Agreement ____ Credit Applied ____ Note Added ____