



# JACKSON ENERGY

A Touchstone Energy®  
Cooperative



## Customer Auto Bill Signup Form

Customer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Jackson Energy Account Number: \_\_\_\_\_

Statement Sent to Above Address:       Yes       No

Card Type:       Debit       Credit

Credit Card Type:     Visa       MasterCard       Discover

Credit Card Account Number:    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date:    Month: \_\_\_\_    Year: \_\_\_\_

I agree to pre-authorize Jackson Energy Cooperative to automatically bill my monthly power bill against my designated credit card. I understand that I will receive a copy of my bill each month as reference. I recognize that this Auto Bill program does not include typical credit card chargeback rights and procedures and I will contact the co-op directly concerning billing disputes.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_