

Jo-Carroll Energy Automatic Bill Payment Authorization Form

Customer Information

Name: _____

Daytime Phone: _____

I authorize Jo-Carroll Energy to automatically debit my credit/debit card or bank account each month for the purpose of paying my electric and/or natural gas bill:

(Signature of card holder or bank account holder)

For Checking or Savings Withdrawal

Name: _____

Phone Number: _____

Address of Institution: _____

Type of Account: Checking or Savings

Routing/Transit Number: _____

(First 9 digits in lower left-hand corner of check)

Account Number _____

OR

Credit/Debit Card Withdrawal

Name: _____

(As it appears on credit card—Please print)

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____

Credit Card Zip Code: _____

Jo-Carroll Energy Account Information

Account Number: _____

Service Address: _____

Return completed form to: _____

Jo-Carroll Energy
793 U.S. Route 20 West
PO Box 390
Elizabeth, IL 61028

or FAX completed form to: (815) 858-3731