

Auto Debit Payment Plan

Worry free!

Fill out & sign the form below or attach a voided blank check

Bank Name: _____.

Bank Location: (city) _____ (state) _____.

Savings _____. Checking _____.

Bank Routing #: _____ . Bank Account #: _____.

Spoon River Electric Account #: _____ . Draft date: _____.

Name: _____.
(PRINT)

Member Signature: _____.

Attach voided check here

Return to:
Spoon River Electric Cooperative
Attn: Billing
PO Box 340, Canton IL 61520

