

Auto Debit Payment Plan

worry free! _____

fill out the form below or attach a voided blank check

Bank Name: _____

Bank Location: _____

Savings _____ Checking _____

Account #: _____

Bank Route/Checking #: _____

Member Signature: _____

Spoon River Electric Account #: _____

remember to void your check!

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

