

Account	Meter	Service Period		Number	Meter Reading			Kwh	
Number	Number	From	То	of Days	Prev	Pres	Mult	Usage	Rate
67890	123456789	4/1/2024	5/1/2024	30	15035	15571	1	536 Delivered	10NM
67890	123456789	4/1/2024	5/1/2024	30	12472	13452	1	980 Received	10NM
Previous Balan 04/10/24 Paym 05/03/24 Facilit Total Current C Total Due	ent Thank Yo y Charge	DU	\$44.00 (\$44.00) \$44.00 \$44.00 \$44.00	Чму	1500 1200 900 600 300 0 A M Service Address: TWACS Map Nur	45 HO Anywh	nere IL 6 Resi	D J F RD LANE	
Office Hours 8:00 A.M. – 4:30 P.M. Jong, 1 – Friday Except Holidays 24 Hour Drop Box Is Available For Your Contentine Bay Online At www.menard.com EXPLANATION OF TERMS: Due Date: Your bill is due and payable at the MEC offices by the fore the date shown on the bill. The amount due after the due date will include a late payment charge of 3% per month of the past the article of \$3.00 minimum. Demand KW: The maximum level of electricity power demanded by a commercial service in any 15-minute interval during the month, measured in kilowatts. Facility Charge: A monthly fixed charge that cover the oppensies incurred to serve each consumer regardless of usage. KWH (Kilowatt-hours): The basic unit of electricity energy usage. One 100-watt light bulb burning for 10 hours will consume one KWH. Power Cost Adjustment: The energy of adjustment that reflects the difference between the cost of energy assumed in the energy rate and the actual cost of purchased energy. Menard Electric Cooperative is an equal point tunity provider and employer.									
In an effort to keep our member information updated, please enter your address, phone number, or email address changes and/or corrections below and return this stub with your payment.					Cycle 1 Autom atic Bill Payment Authorization Deductions can be taken on the 10th, 17th, or 24th of each month. You'll still receive a bill statement so you'll know exactly how much to deduct each month. Information must be received by the 28th for your next month's bill to be drafted. CHOOSE ONE: 10th 17th 24th				
Address					Bank Name			Bank Routing	Number
City, State, Zip					Bank Account Num	ıber	Check	ing Or Sa	vings
Phone Number (Primary)			r. t. s	I authorize MEC to draw monthly bank drafts through the automatic plan. I understand I may discontinue my participation at any time by notifying MEC in writing. Both MEC and the bank may terminate this agreement with 10 days written notice. I understand that MEC reserves the right to limit participation in the program to members who are in good standing that the full amount of my bill will be drafted on the calendar date selected above or next business day; and that if funds are not available in my account there will be a charge posted to my account and I will still be required to make full payment before				
Email					he bill due date.	y account and I Will Still	be required	гюттакетий раут	ent betare
				5	Signature:			Date:	

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