



14300 State Highway 97  
P.O. Box 200  
Petersburg, Illinois 62675  
(217) 632-7746 or (800) 872-1203

Billing Date: 5/7/2024  
Statement ID: 12345678  
Account Number: 12345  
Member Name: John Doe  
Phone Number: (217)999-9999

Space Reserved for Alerts and Information

Usage banked this period: 0  
Cumulative banked usage: 0

**Billing Overview**  
(See back of statement for current charge details)

|                         |                 |
|-------------------------|-----------------|
| <b>Previous Charges</b> |                 |
| Amount Last Bill        | \$162.12        |
| Payment Received        | (\$162.12)      |
| <b>Current Charges</b>  |                 |
|                         | \$116.24        |
| <b>Account Balance</b>  | <b>\$116.24</b> |

EXAMPLE

RETURN STUB WITH PAYMENT— DO NOT SEND CASH OR COINS—DO NOT STAPLE OR PAPER CLIP

952608 7377  
952608 7377

Menard Electric Cooperative  
PO Box 200  
Petersburg, IL 62675-0200

Statement ID: 12345678  
Account Number: 12345

**Balance Due by 4:30 p.m. on 5/28/2024 \$116.24**

**After 5/28/2024 Pay \$119.73**

**PLEASE DO NOT REMIT**

**Your account is set up for Draft Payment.**

\$116.24 will automatically be debited on 5/24/2024 from the bank account on file.



MENARD ELECTRIC COOPERATIVE  
PO BOX 200  
PETERSBURG IL 62675-0200

05032024000002083023500000116249

Check here if you have updated information on the reverse side

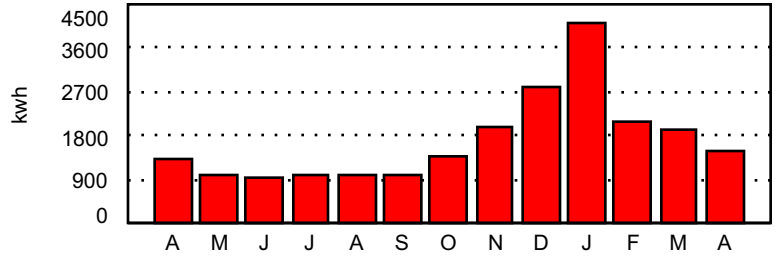
001412

AUTO\*\*SCH 5-DIGIT 62534 1412 T4:4 1412 1 AV 0.504  
JOHN DOE  
123 HOMEWARD LANE  
ANYWHERE IL 62675



| Account Number | Meter Number | Service Period |          | Number of Days | Meter Reading |       | Mult | Kwh Usage      | Rate |
|----------------|--------------|----------------|----------|----------------|---------------|-------|------|----------------|------|
|                |              | From           | To       |                | Prev          | Pres  |      |                |      |
| 12345          | 123456789    | 4/1/2024       | 5/1/2024 | 30             | 28618         | 30124 | 1    | 1506 Delivered | 10NM |
| 12345          | 123456789    | 4/1/2024       | 5/1/2024 | 30             | 13050         | 14048 | 1    | 998 Received   | 10NM |

Previous Balance \$162.12  
 04/24/24 Payment -- Thank You (\$162.12)  
 05/03/24 Facility Charge \$44.00  
 05/03/24 508 KWH @ 0.139 \$70.61  
 05/03/24 Tax \$1.63  
 Total Current Charges \$116.24  
 Total Due \$116.24



Service Address: 123 HOMEWARD LANE  
 Anywhere IL 62675

TWACS Residence  
 Map Number: 12-345-678

Office Hours 8:00 A.M. – 4:30 P.M. Monday – Friday Except Holidays  
 24 Hour Drop Box Is Available For Your Convenience Pay Online At [www.menard.com](http://www.menard.com)

**EXPLANATION OF TERMS:**

**Due Date:** Your bill is due and payable at the MEC offices on or before 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 due amount or \$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 covers the expenses 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 cost 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 opportunity provider and employer.

Cycle 1

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.

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Phone Number (Primary)

\_\_\_\_\_  
 Email

**Automatic 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

Bank Name \_\_\_\_\_ Bank Routing Number \_\_\_\_\_  
 Bank Account Number \_\_\_\_\_ Checking  Savings

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 the bill due date.

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