



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

Billing Date: 6/7/2021
 Statement ID: 23456789
 Account Number: 54321
 Member Name: James Doe
 Phone Number: (217) 888-8888

Sign up for budget billing today. Call or email for details.
 Our office will be closed Monday, July 5th for Independence Day.
 Save the Date for our Annual Meeting - August 5th at PORTA High School.

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

Previous Charges	
Amount Last Bill	\$156.03
Payment Received	(\$156.03)
Current Charges	
	\$115.22
Account Balance	\$115.22

EXAMPLE

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

821382 000005 5 1 1 0.5100 0 0 0 0 1
 821382 7377

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

Statement ID: 23456789
 Account Number: 54321

Balance Due by 4:30 p.m. on 6/28/2021 \$115.22
After 6/28/2021 Pay \$118.68

Amount Enclosed: \$

Check here if you have updated information on the reverse side

000005



*****SINGLE-PIECE 5 T1:1 5 1 SP 0.510

JAMES DOE
 123 MAIN ST
 SMALL TOWN, IL 22222

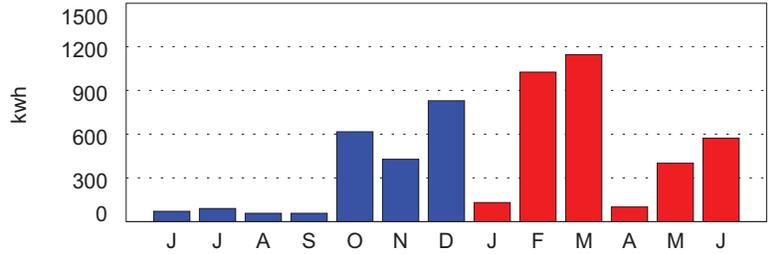


MENARD ELECTRIC COOPERATIVE
 PO BOX 200
 PETERSBURG IL 62675-0200

06112021000002042975900000115227

Account Number	Meter Number	Service Period		Number of Days	Meter Reading		Mult	Kwh Usage	Rate
		From	To		Prev	Pres			
54321	133445566	5/1/2021	6/1/2021	31	350	925	1	575 Delivered	11NB
54321	133445566	5/1/2021	6/1/2021	31	100	300	1	200 Received	11NB

Previous Balance \$156.03
05/11/21 Payment -- Thank You (\$156.03)
06/4/21 Facility Charge \$37.00
06/4/21 575 KWH @ 0.124 \$71.30
06/4/21 1--LED Basic Package \$11.00
06/4/21 Net Billing Credit (\$6.00)
06/4/21 Tax \$1.92
Total Current Charges \$115.22
Total Due \$115.22



Service Address: 123 MAIN ST
Small Town, IL 22222

TWACS Map Number: Residence 23-456-789

Customer Service Contact Information

Phone (217) 632-7746 or (800) 872-1203
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

Address
14300 State Highway 97
PO Box 200
Petersburg, Illinois 62675-0200

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.

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: _____