



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

Billing Date: 7/7/2019
Statement ID: 12345678
Account Number: 12345
Member Name: Jane Doe
Phone Number: (217) 999-9999

We are eliminating the mailing of the Past Due Notice. Late fees will still be applied on the 29th if you have an outstanding balance and will show on your next billing statement. A Disconnect Notice will be sent on the 1st business day of the month to those accounts at risk of disconnection if the past due balance is not paid.

Pay your bill, report outages and stay connected through our MyMEC App. Search for Menard Outage in the Google Play or iOS App store.

Usage banked this period: 1339
Cumulative banked usage: 4976

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

Previous Charges	
Amount Last Bill	\$37.00
Payment Received	(\$37.00)
Current Charges	
	\$37.00
Account Balance	\$37.00

EXAMPLE

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

738090 7377
738090 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 7/28/2019	\$37.00
After 7/28/2019 Pay	\$40.00

Check here if you have updated information on the reverse side

004185


 AUTO**SCH 5-DIGIT 66666 4185 T10:17 4185 1 AV 0.380
 JANE DOE
 456 SUNSHINE AVE
 ANYWHERE, IL 66666

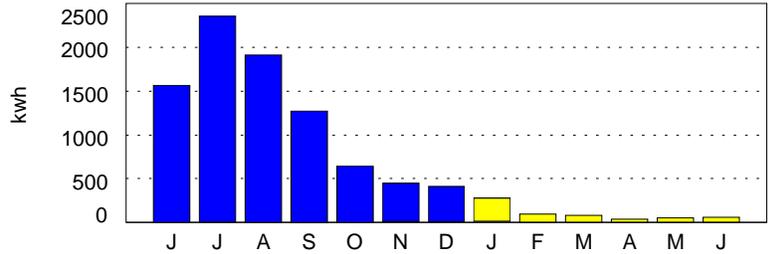



 MENARD ELECTRIC COOPERATIVE
 PO BOX 200
 PETERSBURG IL 62675-0200

07032019000001234567800000037005

Account Number	Meter Number	Service Period		Number of Days	Meter Reading		Mult	Kwh Usage	Rate
		From	To		Prev	Pres			
12345	123456789	6/1/2019	7/1/2019	30	247	307	1	60 Delivered	10NM
12345	123456789	6/1/2019	7/1/2019	30	4220	5619	1	1399 Received	10NM

Previous Balance \$37.00
06/17/19 Payment -- Thank You (\$37.00)
07/03/19 Facility Charge \$37.00
Total Current Charges \$37.00
Total Due \$37.00



Service Address: 456 SUNSHINE AVE
Anywhere, IL 66666

TWACS Map Number: Residence 12-345-678

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 are taken on the 17th 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.

Bank Name _____ Bank Routing Number _____

or

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 17th 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: _____