



P.O. Box 129
Rensselaer, IN 47978
219-866-4601
219-866-2199 (fax)
jasperremc.com

(1/2026)

Electric & Internet Automatic Payment Program (Auto Pay)

The Auto Pay Program is a service that draws funds from your checking, savings or debit/credit card account to pay your monthly electric bill. Jasper County REMC accepts VISA, MasterCard, Discover, and American Express. The payment transaction is made on a monthly basis and there is no charge for this service from Jasper County REMC.

To enroll, **PLEASE USE OUR SMARTHUB APP** or complete this form and return it to: Jasper County REMC, PO Box 129, Rensselaer, IN 47978. You will continue to receive a bill each month that states "Auto Pay." Payments will be drafted from your method of payment each month on the due date of the electric bill. Banking payments that cannot be processed for any reason are subject to the same return fees as regular payments.

If you have any questions about the Auto Pay Program, contact Jasper County REMC at (219) 866-4601, 888-866-7362, or send an email to jasperremc@jasperremc.com.

Authorization for Enrollment in the Auto Pay Program

(Please keep a copy of the completed form for your records.)

Name _____ Address _____

City _____ State _____ Zip _____

Telephone _____ Jasper County REMC Account #(s) _____

CHOOSE ONE PAYMENT METHOD

CREDIT/ DEBIT CARD

Card # _____ Exp. Date _____ CVV _____

If billing address of credit/debit card is different from above, please provide

<input type="checkbox"/> VISA
<input type="checkbox"/> MasterCard
<input type="checkbox"/> Discover
<input type="checkbox"/> American Express

BANK DRAFT

If you would like to have your monthly payment withdrawn from your checking account, please include a voided check with your application form.

Name of Financial Institution _____ Savings Checking

Address of Financial Institution _____

Routing (ABA) # _____ Bank Account # _____

I authorize Jasper County REMC to make monthly account credit card charges or bank drafts for the payment of my monthly electric bill. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the credit or financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my credit or financial institution three (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to fifteen (15) days following the issuance of my statement or sixty (60) days after posting, whichever occurs first.

Authorized Signature _____ Date _____