

OFFICE HOURS 7:30 A.M. - 4:30 P.M MONDAY - FRIDAY CLOSED SATURDAY



Jackson Energy Cooperative
 115 Jackson Energy Lane
 McKee KY
 40447-8847



A Touchstone Energy Partner

Payments must be IN THE OFFICE by the specified dates to avoid either a late payment charge or disconnection of electrical service for nonpayment. Account is considered paid when payment is received in our office. You should allow 4-5 days for delivery. NIGHT DEPOSITORY is available for your convenience

Failure to receive bill does not exempt you from monthly payment, late charges or disconnection.

If service is interrupted, check your fuses or circuit breakers. Please report outages immediately by calling the CUSTOMER SERVICE PHONE NUMBERS.

CUSTOMER SERVICE PHONE NUMBERS:
 606-364-1000 or 1-800-262-7480

Billing Date:

Total Amount Owed:
 If Paying After _____, pay

Account No.	Rate	Meter	Mult	Service Address		Map Location		
Service Period From	To	Days Service	Meter Reading Previous	Meter Reading Present	KWH Used	Demand Used	Fuel Adjustment Rate	
Other Bill Information				<div style="border: 2px solid red; padding: 10px;"> <p style="font-size: 24px; font-weight: bold; color: red;">CANCELLED</p> <p style="font-size: 18px; color: red;">May 1, 2023</p> <p style="font-size: 14px; font-weight: bold; color: red;">KENTUCKY PUBLIC SERVICE COMMISSION</p> </div>				
Previous Bill								
Payment								
Other Adjustments								
Balance Forward								
YOUR ENERGY USE - Electricity/kwh - usage last 13 months								
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>				Bill Date				
				Comparisons	Days Service	KWH Used	Avg Kwh/day	Cost/day
				Current Month				
				Last Month				
				Month Last Year				

NISCFORM-DP B19B03 20060113



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Check here if your address or telephone number has changed. (please print your new address on back)

We accept Visa® and Mastercard® cards. Please circle card used.

If using a credit card, enter the account number / expiration date in the boxes below.

Expiration Date:					
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Cardholder's signature required for credit card payment

RETURN THIS PORTION WITH YOUR PAYMENT

Total Amount Owed:
 If Paying After _____, pay
 Account _____
 Make Payable to:

PUBLIC SERVICE COMMISSION OF KENTUCKY EFFECTIVE 10/26/2008 PURSUANT TO 807 KAR 5:011

JACKSON ENERGY COOPERATIVE

REMITT
 PO BOX
 PRESCOTT, KY
 BY Stephanie Dumb
 Executive Director