



Central Georgia EMC
Community Partners

Bank Draft Authorization

923 S. Mulberry Street
Jackson, GA 30233
(770) 775-7857

Dear Member:

Thank you for participating in our Bank Draft Program. **Please complete, sign and return this form to our office along with a voided personalized check.**

Your payment will be drafted on the Tuesday following the date of your bill rather than the due date. Please deduct this amount from your checking account immediately upon receipt of your bill.

Please call customer service at (770) 775-7857 or (800) 222-4877 if you have any questions or need additional information.

Name: _____ Date: _____

CGEMC Account #: _____ Cycle: _____

Phone #: (Home) _____ (Work) _____

Bank Name: _____

Bank Address: _____

Bank Routing #: _____ Bank Account #: _____

Signature: _____

FOR OFFICE USE ONLY

New Bank Draft

Existing Draft/
Changing Banks

Billing Data

Draft Cycle _____

Prenote _____

Draft _____

OR



Central Georgia EMC
Community Partners

Credit Card Payment Authorization

923 S. Mulberry Street
Jackson, GA 30233
(770) 775-7857

Dear Member:

Thank you for participating in our Credit Card Program. **Please complete, sign and return this form to our office.**

Your account will be credited the same day it is billed. The bill will be stamped "Paid by Credit Card" and mailed to you each month.

Please call customer service at (770) 775-7857 or (800) 222-4877 if you have any questions or need additional information.

Name: _____

CGEMC Account #: _____ Cycle: _____

Phone #: (Home) _____ (Work) _____

Address: _____

CREDIT CARD TYPE: (Check one) Discover Mastercard Visa American Express

Name on Credit Card: _____

Credit Card #: _____

Credit Card Security Code #: _____ Exp. Date: ____/____/____

I authorize Central Georgia EMC to debit my credit card each month for the total amount billed to me by Central Georgia EMC.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Billing Data

Cycle

Date Form Received

Received By