

Automated Payment Authorization



Dear Member:

Thank you for participating in our Automated Payment program. We have two options available, bank draft payment or credit card payment. Please select the option you prefer, fill out the information requested for selected option, and return the form below to our office with any required documents. Please call customer service at (770) 775-7857 or (800) 222-4877 if you have any questions or need additional information.

Name: _____ **Date:** _____

Central Georgia EMC Account#: _____

Phone: (Home) _____ (Work) _____

Email: _____

BANK DRAFT PAYMENT AUTHORIZATION

Payment is drafted from your bank 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. **Return form along with a VOID-ED personalized check.**

Bank Name: _____

Bank Address: _____

Bank Routing #: _____

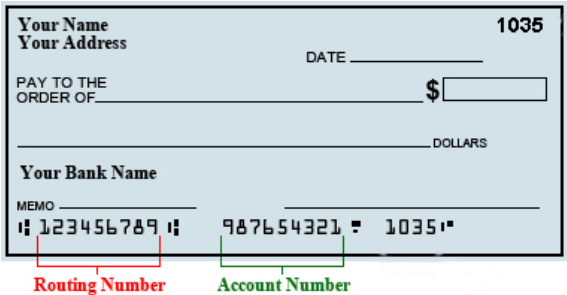
Bank Account #: _____

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

Signature: _____

Date: _____

Where are my routing and account numbers on my check?



CREDIT CARD PAYMENT AUTHORIZATION

Payment is processed the same day your account is billed. The bill will be noted "Charged to CR Card" and mailed to you each month.

Credit Card Type: MC VISA AMEX DISC

Name on Credit Card: _____

Credit Card #: _____

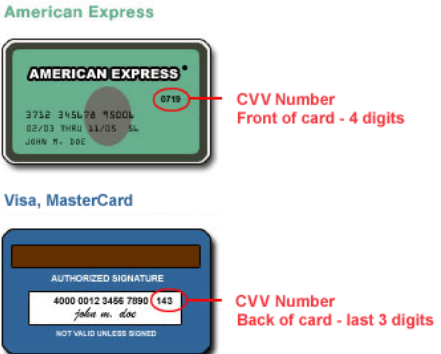
CVV # _____ Exp. Date: ____/____/____

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: _____

Where is the CVV# on my card?



FOR OFFICE USE ONLY

New Bank Draft Existing Draft /Changing Banks

Draft Cycle: _____

Prenote: _____ Draft: _____

Billing Cycle: _____

Date Form Received: _____

Received By: _____