

E-BILL & 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 required documents. Please call customer service at (770) 775-7857. To receive the \$10 one-time bill credit you must enroll in automatic payments and E-Bill.

Name: _____ Date: _____

Central Georgia EMC Account#: _____

Home Phone: _____ Work Phone: _____

Email for E-Bill Enrollment : _____

BANK DRAFT PAYMENT AUTHORIZATION

Payment is drafted from your bank on the bill due date. Please deduct this amount from your checking account immediately upon receipt of your bill. Return form along with a **VOIDED** 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 automatically each month on the bill due date. 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. _____

Billing Zip Code _____

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: _____