



Carroll Electric Membership Cooperative

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BANK DRAFT BILL PAYMENT PROGRAM AUTHORIZATION FORM

NAME AS LISTED ON BILL _____

BILL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BEST TIME TO CALL _____

WORK PHONE _____ BEST TIME TO CALL _____

CARROLL EMC ACCOUNT NUMBER _____

BILLING CYCLE # _____ CEMC SERVICE REP _____ DATE _____

BANK NAME _____

BANK ADDRESS _____

BANK ROUTE & TRANSIT # _____ BANK ACCOUNT # _____

NAME ON ACCOUNT _____

I HEREBY AUTHORIZE CARROLL EMC TO DRAFT/ACH MY BANK ACCOUNT MONTHLY FOR THE AMOUNT OF MY ELECTRIC BILL AND CONFIRM THE ABOVE INFORMATION IS CORRECT.

SIGNATURE OF MEMBER

DATE

Please note that once your account is closed, the final bill will not be processed through automatic draft. The remaining balance must be paid manually upon receipt of the final bill.