Carroll Electric Membership Cooperative

155 N. Hwy. 113 | Carrollton, GA | 30117 | (770) 832-3552 | Fax: (770) 830-5735 | www.carrollemc.com

CREDIT CARD PAYMENT PROGRAM AUTHORIZATION FORM

I HEREBY AUTHORIZE CARROLL EMC TO DRAFT MY CREDIT CARD MONTHLY FOR THE AMOUNT OF MY ELECTRIC BILL

NAME AS LISTED ON BILL _____

BILL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BEST TIME TO CALL _____

WORK PHONE _____ BEST TIME TO CALL _____

CEMC ACCOUNT NUMBER _____

CYCLE _____ CEMC REP _____ DATE _____

NAME ON CREDIT CARD _____
Exactly as it appears on the card

CREDIT CARD TYPE
Indicate Card Type _____

CREDIT CARD NUMBER _____ EXP DATE _____
No spaces or dashes *Month & Year*

CREDIT CARD CVV2 CD _____ *(This is a 3 digit numeric code found next to the credit card number on the back of the card.)*

CREDIT CARD BILLING ADDRESS ZIP CODE _____

SIGNATURE _____ 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.