

## ALBEMARLE ELECTRIC MEMBERSHIP CORPORATION

Post Office Box 69, Hertford, North Carolina 27944-0069 Telephone (252) 426-5735 Toll Free 1-800-215-9915 Fax (252) 426-8270

## **BANK DRAFT CONSENT FORM**

I request that Albemarle EMC draft my bank account (or the bank account of the person completing the banking information section below) each month for payment of my electric bill. I understand I will still receive a monthly bill for my records.

Member signature:		
Member name (please prin	nt):	
Member address:		
		Date:
We draft twice a month. avoid delinquencies.	Please select the da	te prior to your normal due date to
Draft date (circle one):	8 <sup>th</sup> of the month	20 <sup>th</sup> of the month
PLEASE COMPI	LETE THE FOLLOWI	NG BANKING INFORMATION:
I am providing a voided form.	check from the desi	ignated checking account with this
Bank name:		
Bank address:		
Routing/Transit #:		Bank account #:
Bank account holder (pleas	se print):	
Signature of bank account	holder <u>if you are no</u>	t the member stated in top section:

If your banking information changes, you are responsible for notifying AEMC and completing a new form. Drafts that are returned for non-sufficient funds may cause your power to be disconnected and removal from automatic drafts. (revised 10-14)