



**ALBEMARLE ELECTRIC MEMBERSHIP CORPORATION**

Post Office Box 69, Hertford, North Carolina 27944-0069  
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A Touchstone  
Energy® Cooperative

**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 print): \_\_\_\_\_

Member address: \_\_\_\_\_  
\_\_\_\_\_

Member account #: \_\_\_\_\_ Date: \_\_\_\_\_

***We draft twice a month. Please select the date prior to your normal due date to avoid delinquencies.***

**Draft date (circle one):**    8<sup>th</sup> of the month                                  20<sup>th</sup> of the month

**PLEASE COMPLETE THE FOLLOWING BANKING INFORMATION:**

**I am providing a voided check from the designated checking account with this form.**

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_  
\_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Bank account #: \_\_\_\_\_

Bank account holder (please print): \_\_\_\_\_

Signature of bank account holder **if you are not 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)**