



CARROLL EMC

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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

Circle Card Type

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

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 # on the back of Visa, MasterCard & Discover. On Amer Express the CVV2 code is 4 digits & is on the front of the card usually directly above or below the start or end of the credit card number)*

CREDIT CARD BILLING ADDRESS ZIP CODE _____

SIGNATURE _____ DATE _____