P.O. Box 220 Summerdale, AL 36580-0220 (251) 989-6247

www.baldwinemc.com

## Enjoy convenient and worry-free bill paying.

Have your electric bill automatically drafted from your bank account each month.

Simply complete page 2 of this document and return to Baldwin EMC with a voided check.

By fax: (251) 989-0133

By mail: Baldwin EMC

**PO Box 220** 

Summerdale, AL 36580

Or deliver to one of our offices:

North Baldwin 47525 State Highway 59 Bay Minette, Alabama

Summerdale (Headquarters) 19600 State Highway 59 Summerdale, Alabama

South Baldwin 21801 University Lane Orange Beach, Alabama

## BALDWIN COUNTY ELECTRIC MEMBERSHIP CORPORATION

## AUTHORIZATION FOR PREARRANGED BANK DRAFT PAYMENTS

MEMBER NAME
BILLING ADDRESS
CITY
ACCOUNT NO. AS SHOWN ON ELECTRIC BILL
NAME OF BANK
BANK CITY
BANK TRANSIT NO.
NAME AS SHOWN ON BANK ACCOUNT
CHECKING ACCOUNT NO.

In consideration of this service to the extent permitted by applicable law, I hereby release and hold harmless BCEMC for all claims of liability, whether caused or contributed to by negligence of BCEMC with respect to the debit of my account. In no event will BCEMC be liable for the acts and omissions of others, including the bank and clearing houses that receive and transmit the debit instructions.

## AUTHORIZATION AGREEMENT FOR PREARRANGED BANK DRAFT PAYMENT

I hereby authorize Baldwin County Electric Membership Corporation, as my agent, to debit my bank account for payment of all bills rendered by BCEMC. I understand that these drafts will be processed approximately 14 days after the rendered date of the electric bill with the exception of the final bill which may be drafted immediately. I also understand that I must notify BCEMC promptly upon receipt of my bill of any dispute regarding the amount of my bill.

I understand that BCEMC may impose a processing fee if the draft is not paid by my bank due to insufficient funds or my account being closed. This authorization will be in effect until either party gives written notice to the other of termination. I understand that my notice must be received by BCEMC in time for it to have a reasonable opportunity to act. After several failed attempts at processing the draft, BCEMC retains the right to discontinue the remitting of said drafts.

SIGNATURE	DATE	DAYTIME PHONE NUMBER

IMPORTANT: Please enclose a voided check.