

APPLICATION FOR ELECTRONIC DRAFT OF MONTHLY ELECTRIC SERVICE BILL VIA CREDIT CARD

I authorize **Piedmont Electric Membership Corporation** to initiate charges to my credit card account institution indicated below.

Piedmont EMC Account Number(s) _____

Name on Piedmont EMC Account(s) _____

CC Account Holder Name _____

CC Account Holder Signature _____

Street Address _____

City State Zip _____ Ph # _____

E-mail Address _____ Date _____

Credit Card Type (circle):	VISA	MC	DISCOVER
Credit Card Number	_____		
Expiration Month: _____	Year _____		
Credit Card Issuer/Bank	_____		

You may drop this form off at our Hillsborough, Roxboro or Caswell County office, enclose it with your next bill payment or mail to:

Piedmont EMC
Attn: CCD Program
PO Drawer 1179
Hillsborough NC 27278

If you have questions about this program, please contact us at 1.800.222.3107 during normal business hours of 8:00 am to 5:00 pm, Monday through Friday. Also, you can e-mail Piedmont EMC from our website at: **www.pemc.org**