

Authorization Agreement for Automated Draft

I (we) hereby authorize Altamaha EMC, to initiate electronically debit my (our) _____ CHECKING _____ SAVINGS account monthly for any and all fees due for all monthly services received by me (us). I (we) hereby authorize the financial institution named below, to accept and post these transactions to reflect any changes to the monthly service fees due. I (we) further authorize Altamaha EMC to make necessary adjustments as required for incorrect or duplicate credit entries received in error. I (we) understand that Altamaha EMC requires at least 7 days prior notice in order to cancel this authorization.

Account Name _____

EMC Account # (FOUND ON THE BILL(S) YOU WISH TO BE DRAFTED)

_____ CYCLE _____

_____ CYCLE _____

Draft frequency: _____ Weekly _____ Monthly _____ One time

Name of Financial Institution: _____

Routing# _____ Account# _____

This authority is to remain in full force and effective until Altamaha EMC or the bank in which the debits are initiated have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Altamaha EMC or the bank in which the debits are initiated a reasonable opportunity to act on it. To Revoke Authorization, mail written notification to **Altamaha EMC, PO Box 346, Lyons, Ga. 30436**, or call 912-526-8181, or fax notification to 912-526-4235.

Name: _____ Signed _____

(IF JOINT ACCOUNT) 2nd Name _____ Signed _____

Date: _____

To ensure accuracy, please attach a voided check to be used to verify routing transit and account number information.

Accepted by: _____ Effective Date: _____

MAIL FORM TO: ALTAMAHA EMC ATTN: SHARON RAUTON PO BOX 346 LYONS, GA 30436