



P.O. Box 1119
Clarkesville, GA 30523

Debit Authorization Form

Contact Information

Account Name: _____

Social Security _____

Address: _____

Telephone: HM _____ WK _____

Email Address (if different than HEMC.NET email address): _____

I authorize HEMC Broadband (Internet EMC) to initiate debit entries to my checking / savings account or to charge my charge card with the financial institution or Credit Card Company as listed below, and, if necessary, initiate adjustments for transactions credited / debited in error.

Bank Draft Information

Name of Financial Institution: _____

Account Number: _____ Routing Number: _____

Credit Card Information

____ Visa ____ Master Card ____ Discover Card

Card Number: _____

Cardholder's Name: _____

Credit Card Expiration Date: _____

Credit Card CVV2 Code: _____

(This is a 3-digit number on the back of the card number, which is a security feature and is required.)

Zip Code of Credit Card Billing Address: _____

(Must be the Zip code as it appears on the credit card bill.)

This authorization will remain in effect until HEMC Broadband (Internet EMC) is notified by me in writing to cancel it in such time as to afford HEMC Broadband (Internet EMC) a reasonable opportunity to act on it.

Date

Signature

Printed Name

____ (Initial) I would like to receive a paper bill for a charge of \$2.00 extra a month.