



Flint Energies

“An Electric Membership Cooperative”

Credit Card Draft Authorization



Print, Complete, Attach Credit Card Copy, and mail to Flint Energies Attn: Consumer Accounting P.O. Box 308
Reynolds, GA 31076-0308

Customer Name: _____

Home Address: _____

Home telephone: _____ Cell number: _____

I (we) hereby authorize Flint Energies, hereinafter called COMPANY, to initiate debit entries to my (our) credit card account indicated below. I (we) understand the debit will be initiated on the due date shown on the energy billing mailed to me each month. I (we) also acknowledge that the debit entries may not occur on the due date shown on the energy billing if the account has been disconnected for non-pay or by customer request.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

I further understand that COMPANY may impose a service charge in event that a debit entry is rejected by my credit card company.

Signature of Primary Cardholder

Signature of Other Authorized User If applicable

Date _____

Date _____

NOTICE: In order to follow PCI compliance guidelines, the credit card information provided for this authorization on this form will be destroyed once the account has been received and processed by our customer accounting department.

Compliance with the Payment Card Industry (PCI) Data Security Standard (DSS) helps to alleviate vulnerabilities and protect cardholder data.

Flint Account Number(s) to be drafted:

For Flint EMC Office Use Only

V M # 4

_____ Drf Cy ____/____	_____ Drf Cy ____/____
_____ Drf Cy ____/____	_____ Drf Cy ____/____
_____ Drf Cy ____/____	_____ Drf Cy ____/____
_____ Drf Cy ____/____	_____ Drf Cy ____/____

All Credit Card Information Below will be destroyed once processed by our Consumer Accounting department.

Please select card type: ____ Visa ____ MasterCard

Credit Card Number: _____

Name (as it appears on card): _____

Expiration Date Month ____ Year ____

CVV2 (security code) _____ (3 digit code on back of card)

Zip Code of Credit Card Billing Address _____

Please Attach a Copy of the
Front and Back
of Your Credit Card Here.