



**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.