



Handi-Pay – AUTOMATIC BANK DRAFT Authorization Form

Submit to B. Hernandez for processing

Date: _____ Taken by: _____ Processed: _____

Member Name: _____

BEMC Account #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Bank Name: _____

Bank Routing #:
(1st set)

Account #:
(2nd set) ___Checking ___Savings

Dear Brunswick EMC Member:

This is to confirm our conversation in which you authorized us to draft the payment for your electric bill directly from your bank. This will be done **on the due date shown on your bill**. If the due date falls on a weekend or holiday, the draft will be made on the next business day.

The words "PAID BY DRAFT" will appear on your monthly bill, and the payment will be reflected in your bank statement. Until the "PAID BY DRAFT" message appears on your bill, please continue to pay your bill as usual; by mail, at one of our bill payment terminals or at a Brunswick EMC office.

We're confident that you'll find the **Handi-Pay** Automatic Bank Draft program to be very convenient. You'll never have to worry about stamps, mailing, writing checks or incurring a late fee ever again. If you are out of town frequently, this should give you some real peace of mind.

Please double-check that the numbers recorded above match the numbers on the bottom of your checks. If you find any discrepancy, have any questions, or want to change this authorization, please call us as soon as possible at 1-800-842-5871.

Also, please notify us immediately if you change banks or accounts.



BRUNSWICK ELECTRIC MEMBERSHIP CORPORATION

PO Box 826 - Shallotte - NC - 28459 - 1-800-842-5871 - www.bemc.org