



DEBIT AUTHORIZATION

I hereby authorize MITCHELL ELECTRIC MEMBERSHIP CORPORATION, hereinafter called Mitchell EMC, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for _____. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. In order for Mitchell EMC to begin drafting your account, **you must enclose a voided check** with this form.

Financial Institution

Branch

Address

City/State/Zip

Routing Number

Account Number

Type of Account: _____ Checking _____ Savings _____ Amount
(or how amount is determined)

Frequency (Weekly, Monthly etc.): _____ Start Date (if recurring) _____

Date of Debit (s): _____ **MEMC Account Number(s):** _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the NACHA Operating Rules, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the Rules state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.) This authority is to remain in full force and effect until Mitchell EMC has *(received written notification from me or describe your process for revocation of the authorization)* of its termination in such time and manner as to afford Mitchell EMC and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name

Signature

Date

MITCHELL ELECTRIC MEMBERSHIP CORPORATION

Post Office Box 409 • 475 Cairo Road • Camilla, Georgia 31730 • 229-336-5221

www.mitchellemc.com