



A P P L I C A T I O N

To sign up for one or more of the following SmartPay billing options, please check the corresponding box and provide all of the information required. Return the completed application, along with any other necessary documents, to: Tri-County EMC, Attn: Billing Options, P.O. Box 487, Gray, GA 31032.

Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Day Telephone _____ Evening Telephone _____ Cycle # _____

Member Signature _____ Date _____

My signature confirms that I hereby agree to all of the terms and conditions listed in this application for each of the programs I have selected below.

Levelized Billing

Each month, you will pay an average of the past eleven months bills plus the current month. Your usage will fluctuate a few dollars each month, but there is no periodic “true up” adjustment.

To qualify, accounts must have a good credit history, must be at least twelve months old, and must have a zero balance. Accounts for rental property will not qualify. Any balances are due upon exiting the program. Accounts exiting the program must wait twelve months before re-enrolling.

Senior Plan

Members age 62 and older are eligible for the SmartPay Senior Plan. By participating, Senior Plan members are not charged a 5% late fee for delinquent accounts. Disabled members under the age of 62 may also qualify by providing Tri-County EMC with Social Security documentation certifying the disability.

Date of Birth (mm/dd/yy) _____ Social Security # _____ - _____ - _____

I am under the age of 62, and I have attached my documentation certifying disability.

Automatic Checking Account Draft

Each month, Tri-County EMC will automatically draft your checking account on your due date. You save on postage and never worry about a payment arriving on time. Attach a voided check to this application.

Bank’s Name _____ Account Holder _____

Bank’s Address _____

Automatic Credit Card Draft (Visa, Mastercard, and Discover Only)

Each month, Tri-County EMC will automatically draft your credit card account on your due date. A 2.45% fee will be applied each time your card is drafted.

Name On Card _____ Card # _____

Expiration Date (mm/yy) _____ CVV2 Code (found on back of card) _____

Credit Card Account Billing Address Zip Code _____

I hereby authorize Tri-County EMC to automatically debit my bank account or Visa, Mastercard, or Discover credit card for payment of my monthly electric bill. This authorization will remain in effect until I notify Tri-County EMC that I no longer desire this service, allowing reasonable time to act on my notification. I further understand that Tri-County may impose a processing fee in the event that a drafted amount is not paid by my financial institution. I agree to pay any charges levied on my account for drafts returned due to insufficient funds, regardless of cause.