

# Slash Pine EMC

**AUTHORIZATION TO HONOR ELECTRONIC DEBIT ENTRIES TO  
SLASHPINE ELECTRIC MEMBERSHIP CORPORATION,HOMERVILLE,GA**

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CUSTOMER NAME

As a convenience to me, I hereby request and authorize you to debit my account indicated below for payment to Slash Pine EMC, Homerville, GA, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check payable to you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you receive such notice.

I further agree that if any debit be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever, I further agree to pay such charges levied on my account by you for debits returned due to insufficient funds.

I acknowledge that the origination of electronic debit entries to my account must comply with the provisions of U.S. law.

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BANK NAME

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SIGNATURE

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BANK ACCOUNT NUMBER

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SLASH PINE ACCOUNT NO(S)

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BANK ROUTING NUMBER

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DATE

**STAPLE VOIDED CHECK HERE**