



AUTOMATIC BANK DRAFT/CREDIT CARD APPLICATION

NAME AS LISTED ON BILL _____

WBNG ACCOUNT # _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

SIGNATURE _____

PRINTED NAME _____

****IF MEMBER ON ACCOUNT IS DIFFERENT THAN THE PERSON LISTED ON THE CHECKING ACCT OR CREDIT CARD
BOTH PARTIES MUST SIGN APPLICATION**

PLEASE CHECK ONE: CREDIT CARD DRAFT _____ CHECKING/SAVINGS ACCT DRAFT _____

Credit/Debit Card # _____ Exp Date _____

IF CHECKING/SAVINGS ACCT DRAFT PLEASE ENCLOSE A VOIDED CHECK

FOR OFFICE USE ONLY

DATE OF APPLICATION _____

DATE WORKED _____

CSR _____

TAPE VOIDED CHECK HERE

PLEASE MAIL FORM TO:

JOE WHEELER EMC
P O BOX 460
TRINITY, AL 35673
ATT: KRISTI VANCE