

Office Hours:
Monday-Friday
8 a.m.-5 p.m.



07907626316 416700081480733
Oconee EMC
A Touchstone Energy® Cooperative
The power of human connections

478.676.3191
www.oconeemc.com

Account #	Account Name	Service Address		Service Description		Meter #	Bill Date			
12899-013	BELLSOUTH TELECOMMUNIC	RIDGE RD		TELEPHONE/CABLE		32605314	08/11/18			
Service Period		No. Days	Rate	Meter Reading		Location #	Multiplier	Estimated	kWh Usage	Charges
From	To			Previous	Present					
07/02/18	08/02/18	31	2	0	0	121094009	1	NO	0	\$22.00
STATE TAX										0.88
LOCAL TAX										0.66
CURRENT AMOUNT DUE 08/26/18										23.54
PREVIOUS AMOUNT DUE										23.54
THANK YOU FOR YOUR PAYMENT 07/28/18										-23.54
TOTAL AMOUNT DUE										\$23.54
Comparisons	Days Service	kWh Used	Avg. kWh/Day	Cost per Day	Current Bill Due by 08/26/18 After 08/26/18 Add					
Current Billing Period	31	0	0	0.71						
Previous Billing Period	30	0	0	0.73						
Same Period Last Year	33	0	0	0.67						
					For online, kiosk or automated phone system bill payments, please make sure you enter the CORRECT ACCOUNT NUMBER for the bill you wish to pay.					

FAILURE TO RECEIVE BILL DOES NOT
RELIEVE OBLIGATION TO PAY

SEE BANK DRAFT/CREDIT CARD
INFORMATION ON BACK

Keep This Portion for your Records - Return Bottom Portion With Payment

PLEASE DETACH AND RETURN THIS PORTION WITH PAYMENT

GA09910G



Oconee EMC

P. O. Box 37
Dudley, GA 31022-0037

Return Service Requested

Telephone Number	Account Number	Cycle	Bill Date
478-361-0182	12899-013	19	08/11/18
			Current Bill Due by 08/26/18 \$23.54
Correct Telephone Number			After 08/26/18 Add \$10.00
			Total Due on Account as of 08/11/18 \$23.54

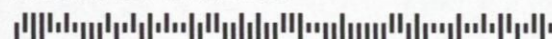
Amount Paid

BELLSOUTH TELECOMMUNICATIONS
GEORGIA GENERIC GA999
PO BOX 182333
COLUMBUS OH 43218-2333

1

0

OCONEE EMC
PO BOX 37
DUDLEY GA 31022-0037



Disconnection Policy: Accounts not paid within 30 days after the due date are subject to disconnection. Service will only be reconnected after the account is paid in full for all outstanding balances, including late payments penalties and reconnection fees. Also, accounts that have been disconnected are subject to additional deposit requirements.

Reconnection Policy: Any consumer requesting service that has a previous bad debt on file with Oconee EMC is required to pay the entire amount due on the previous account, including collection and service fees. The consumer is also required to make additional deposits. Cash, money order or credit card will be the only acceptable method of payment. Collection at the service address is no longer acceptable. Payments must be made at our office in Dudley, GA,

Dudley Location:

P.O. Box 37 | 3445 Highway 80 West
Dudley, GA 31022

Office Hours:

Monday-Friday
8 a.m.-5 p.m.

Payment Terms: Payments are due when the bill is rendered.

Payment Methods: Members can pay their bills over the phone, by credit card, debit card, checking account debit, automatic bank draft or online. If making payments online, visit www.oconeeemc.com and look for our e-bill payment option. Please be aware that your e-mail address must be on file at Oconee EMC before making your first online payment. *Please see below for additional options.*

Reporting An Outage | After Hours Information: Standby personnel are available at all times (24 hours a day | 7 days a week) through Oconee EMC's automated telephone system. To report an outage, please call 478.676.3191. Press #1 for Power Outages and enter your home phone number or account number. Your outage ticket will be immediately reported to the dispatcher on duty. Information such as account balance, due date and prior payments may also be accessed through Oconee EMC's automated telephone system.

**IN ORDER TO DRAFT YOUR ELECTRIC BILL MONTHLY,
THE INFORMATION BELOW IS REQUIRED FOR ONE PAYMENT METHOD OF YOUR CHOICE**

Credit Card

Name as it appears on credit card (Please Print): _____
Credit Card Number: _____ Security Code: _____ Expiration: _____
Card Type (check one) MasterCard _____ Visa _____ Discover _____
Signature: _____ E-Mail Address: _____

Checking Account Debit

Name on Account (Please Print): _____
Account Holders Date of Birth: _____ Drivers License Number: _____ State Issued: _____
Name of Bank: _____
Nine Digit Routing Number: _____
Checking Account Number: _____
Signature: _____ E-Mail Address: _____