

**HOWARD ELECTRIC COOPERATIVE
SERVICE AGREEMENT FOR PREPAID METERING**

Member Name _____

Account Number _____

Mailing Address (if different) _____

Home Phone _____

Cell Phone _____ Text Available Yes No

Email _____

Preferred method(s) of notification: Text Email Call _____

I, the above named member, hereby voluntarily apply to participate in prepaid metering offered to members of Howard Electric Cooperative (hereinafter called the "Cooperative"), and unequivocally agree to the following terms and conditions:

1. I agree to purchase electric service from the Cooperative pursuant to an Application for Membership and/or for Electric Service and agree to comply with all other applicable policies, agreements and the terms and conditions contained therein as they are now in effect and as may hereafter be amended.
2. For new members, I agree to make an initial minimum prepayment of \$100.00 to my prepaid metering account (\$25.00 membership/deposit and \$75.00 for future electricity use). Thereafter, I agree that any payment toward my prepaid metering account shall be in an amount of \$20.00 or greater.
3. For current members, any deposit I have previously paid to the Cooperative will be applied to my outstanding balance (if any) at the commencement of participation in prepaid metering, and any credit remaining after application of the outstanding balance shall be applied to my prepaid metering account balance. Thereafter, I agree that any payment toward my prepaid metering account shall be in an amount of \$20.00 or greater.
4. Any fees/penalties (such as a returned check or meter tampering) shall be paid before any payments are applied to my prepaid metering account.
5. I acknowledge that as a participant in the Cooperative's prepaid metering program I will be subject to the current and future prepay service rates.
6. **I understand that I will not receive paper billing statements or disconnect notices. Any notice from the Cooperative shall be pursuant to the preferred method(s) of notification I indicated above. As such, I understand that it is my sole responsibility to notify the Cooperative immediately of any changes to my contact information. _____ (initial)**
7. I understand that I will receive an alert via my preferred method(s) of notification when my prepaid metering account reaches a credit balance of \$_____.
8. It is my responsibility to regularly monitor the balance on my account. Failure to receive notice by email, phone or text message so as to not be aware of impending disconnection will not exempt my service from disconnection.
9. I understand the Cooperative will immediately debit returned checks/e-checks along with any associated charges, to my account. Should this cause my balance to fall below zero (\$0.00), my service will disconnect immediately that day or the next business day. I understand I will be required to replace the check/e-check with cash, credit card payment, a cashier's check or money order.
10. I understand prepaid accounts are not eligible for payment arrangements with the cooperative and energy assistance shall not be applied until received as payment on the member's prepay account.

Account Number _____

11. **I understand that should my balance reach zero (\$0.00) or less, my service will be automatically disconnected immediately or at the beginning of the next regularly scheduled working day during normal business hours regardless of the existence of severe weather, including extreme hot or cold weather conditions and regardless of electrical equipment that may be used in the home for medical reasons or the medical conditions of any inhabitant of the premises receiving electric service. Upon disconnection I understand that if I, or a member of my household, rely upon medical equipment powered by electric energy, I am completely responsible for procuring alternate electric power or timely re-establishing service from the Cooperative by adhering to the requirements for same set forth herein and in all applicable policies of the Cooperative. _____ (initial)**
13. Accounts that are disconnected will be required to pay a minimum of \$40 plus any unpaid balance that was due at the time of disconnection before service is reconnected (a \$10 reconnect fee is applied; the remaining payment goes toward future energy use).
14. I understand that I may convert my account to monthly billing service at any time. At which time, the Cooperative will require full payment of the security deposit in accordance with Board Policy #204 Consumer Security Deposits.
15. If my prepaid metering account is disconnected for any reason and I fail to make the minimum payment required to reconnect my account within ten (10) days thereafter, my account will be closed and a final statement of account prepared. After the account is closed service may only be re-established by re-applying for membership and paying all applicable fees and deposits.
16. I understand the Cooperative reserves the right to remove my account from Prepaid Metering at any time, without consent or notification. The Cooperative reserves the right to modify or end this program at any time.
17. I, the undersigned HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND HOLD HARMLESS, the Cooperative, their respective agents, employees, assigns or representatives FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED IN WHOLE OR IN PART BY my participation in Prepaid Metering.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE SURRENDERED SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.
18. I understand that any tampering with the Cooperative's equipment will result in one or more of the following: immediate removal from Prepaid Metering, disconnection of service, payment of additional fees, and possible legal action.
19. I understand that if my Prepaid Metering account is discontinued or terminated, the Cooperative may transfer any unpaid balance to any other like-account I may have with the Cooperative or refer any unpaid balance to the Cooperative's third-party collection agency.

Member signature: _____ Date: _____