

Office Use Only:

Account No.: _____

Name: _____

Address: _____

Initial each line and complete 3rd page

Tri-State Electric Membership Corp. Advanced Pay Service Agreement

All customers who elect to participate in the Advance Pay Service Agreement will be expected to meet all the requirements set forth by the cooperative in this agreement to avoid disconnection or termination of the agreement.

To become an advance pay customer I understand the following requirements must be met: (Initial below)

_____ That my past due amount on my account must be paid in full when participation commences.

_____ That I must pay a \$5.00 membership fee.

_____ That I must pay a non-refundable \$20.00 connection fee.

_____ The payment of \$50.00 to activate a prepaid account. This amount will be applied toward future energy use.

I understand the following conditions for Advance Pay service:

_____ As an Advance Pay customer, I understand that I am not required to pay the normal security deposit. I understand that all normal membership fees apply. If I am an existing customer, I understand that when my account is converted to Advance Pay, my existing deposit (if any) is applied toward any outstanding balance with remaining credit applied to my Advance Pay service.

_____ I will not receive a monthly statement; however usage charges and payments will be accessible by the toll free automated assistance line or via the internet at www.myusage.com.

_____ Advance Pay accounts will be subject to the standard minimum bill and a monthly advance pay participation fee of \$7.00 which is \$.24 a day.

_____ The account is reconciled at the end of the month with the billing system. From time to time, this reconciliation may result in a credit or debit adjustment to the account.

_____ Advance pay accounts are not eligible for payment arrangements. Any Energy Assistance will be applied to the prepay account once monies have been received. Pledges will not be accepted to keep electricity on.

_____ Payments can be made by cash, check, credit or debit card in the EMC office or payments can be made over the phone or via the Tri-State EMC website at www.tsemc.net.

_____ Electric service will be subject to immediate disconnection for any of the following reasons:

- Anytime the account does not have a credit balance.
- Meter tampering or power diversion.

_____ Advance Pay accounts are not subject to medical conditions or inclement weather conditions, which include disconnections when temperatures are 32 degrees or colder or 95 degrees or hotter.

_____ **I UNDERSTAND THAT TRI-STATE EMC IS PROVIDING THE ADVANCE PAY ACCOUNT TO ME AT MY REQUEST. I AGREE TO INDEMNIFY AND HOLD HARMLESS TRI-STATE EMC, ITS EMPLOYEES AND AGENTS, FOR ANY AND ALL LOSSES OR DAMAGES INCURRED, BE THEY REAL OR CONSEQUENTIAL, INCLUDING DEATH, AS A RESULT OF MY PARTICIPATION IN ADVANCE PAY OR AS A RESULT OF ELECTRIC SERVICE TERMINATION. ANY PERSON THAT CURRENTLY IS OR WILL BE, RESIDING AT MY LOCATION, WITH A MEDICAL CONDITION OR A PERSON REQUIRING ELECTRIC SERVICE TO OPERATE MEDICAL EQUIPMENT NEEDED FOR THEIR HEALTH AND WELL BEING, IS MY SOLE RESPONSIBILITY. I KNOW AND ACCEPT THAT THERE ARE MEDICAL RISKS ASSOCIATED WITH ADVANCE PAY'S IMMEDIATE TERMINATION OF ELECTRIC SERVICE AND I RECOGNIZE THAT I AM SOLEY LIABLE FOR ALL LOSSES AND DAMAGES INCURRED UNDER THESE CIRCUMSTANCES.**

In the event that my Advance Pay service is disconnected, I understand that:

_____ There will be a required \$10.00 minimum credit balance beyond the amount in arrears that I must pay before service will be restored.

_____ I understand that if the power is disconnected for 5 consecutive days, my Prepay account will become inactive. I will then have to come back into the office to reset this account. The charges will be the standard connection fee, membership fee, and \$50.00 credit.

_____ Anyone found violating the meter tampering and power diversion policy as set forth by Tri-State EMC will be subject to termination of the Advance Pay service agreement and will be required to provide a deposit equal to the consumer's estimated usage for two times the average bill and a Tampering fee.

In the event that my Advance Pay account exceeds my customer specified credit-limit, I understand that:

_____ Tri-State EMC will attempt to send me alert notifications by phone, text message or e-mail and it is my responsibility to ensure that all telephone and e-mail contact information is current as Tri-State EMC is not responsible for any changes or circumstances that result in a notification failure.

_____ I acknowledge that if at any time I choose to convert my Advance Pay account back to a regular billed account, I will be subject to the current deposit policy in regards to the rate classification of my service. If I qualify for a soft credit check, I further understand that there will be a \$10.00 fee.

Tri-State EMC reserves the right to terminate the Advance Pay Service Program or this agreement at any time.

_____ I understand the difference between Advance Paid and post paid service and I am requesting to establish Advanced Pay service with Tri-State EMC.

Signature: _____

Print Name: _____

Date: ____/____/____

Phone #: ____-____-____ **Phone #:** ____-____-____ **Cell** ____-____-____

Email Address: _____

Low Account Balance Notification Amount (As determined by customer): **\$20**

Witness: _____
Tri-State EMC Customer Service Representative