

HOUSTON COUNTY ELECTRIC COOPERATIVE, INC.

PREPAID METERING PROGRAM APPLICATION AND AGREEMENT

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Member Name: _____ Account #: _____

Service Address/Location: _____

Primary Phone: _____ Email: _____

The above (hereinafter, "Member") hereby applies for participation in Houston County Electric Cooperative, Inc.'s ("Cooperative") Prepaid Metering Program ("PPM Program"), and hereby acknowledges and agrees as follows:

1. Member has reviewed and that upon admission to the PPM Program is bound by the terms of the PPM Program found in the Cooperative's Rider PPM.
2. Cooperative may deny Member's participation in the PPM Program and/or remove the Member from the PPM Program at any time without consent or notification.
3. Member satisfies the "Requirements to Participate" in the PPM Program and more specifically that they do not require continuous Electric Service for a Medical Need.
4. Member will not receive a monthly bill for amounts due to the Cooperative, and all communications regarding the PPM Program will be provided through the Cooperative's online bill payment portals or through other means that the Cooperative may instruct Member about. **Mr. Init.:** _____
5. Member is solely responsible for monitoring and administering their Prepaid Account by utilizing the Cooperative's online bill payment portals or by following other Cooperative instructions.
6. **Disconnection shall occur without mailed notice if the Prepaid Account balance falls below zero (\$0.00) and may occur at any time (i.e., nights, weekends, holidays, etc.). Mr. Init.:** _____
7. Electric Service can be restored automatically and immediately upon submission of a payment after Disconnection. Member is solely responsible for ensuring that all electric appliances are turned off, and that the Member's electric system is safe to energize, prior to such payment. By signing below, Member accepts full responsibility for, and agrees to hold the Cooperative harmless for, any and all damages arising from the restoration of Electric Service upon the submission of a payment.
8. Cooperative's implementation of the PPM Program on behalf of Member serves as Cooperative's authorization for Member's participation in the PPM program.
9. If applicable, the representative of Member represents that he/she has full power and authority to execute, deliver, and perform this agreement on behalf of the entity Member.

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Signature of Member/Member's Rep.

____/____/____
Date

Printed Name and Title of Rep., if Applicable

Method of Notification (Check all that apply)

Text

Phone

E-Mail

Phone Number for Text Messages: _____

Phone Number for Phone Messages: _____

E-Mail for Notifications: _____