

**Taylor Electric Cooperative**  
**AGREEMENT FOR PARTICIPATION IN PREPAY PROGRAM**

<b>Contact Information</b> <i>(Please Print)</i>	
Name _____	Home Phone _____
Service Address _____ _____	Cell Phone _____

The undersigned, (hereinafter called the "Member") hereby applies for participation in the Pre-Pay Program offered to active members of Taylor Electric Cooperative (hereinafter called the "Cooperative"), and agrees with the Cooperative to the following terms and conditions: *(Initial after each of the following statements)*

1. If a member changes any of the contact information (i.e. email address, phone number) provided on this agreement, it is the responsibility of the member to notify the Cooperative of any such changes immediately. It is the member's responsibility to manage their own communication devices. \_\_\_\_\_
2. The member shall purchase electric service from the Cooperative in accordance with the present and any future rate schedule of the Cooperative on a Pre-Pay basis for the above-referenced account. All prepaid accounts will be trued-up on a monthly basis. \_\_\_\_\_
3. The member shall pay any transfer, connect and/or other applicable fees assigned by the Cooperative as may be required to participate in the Pre-Pay Program. \_\_\_\_\_
4. Member understands that a remote disconnect/reconnect switch will be installed. Any metering that does not accept the remote disconnect is ineligible for the Pre-Pay Program. \_\_\_\_\_
5. Any deposit fee previously paid by the member to the Cooperative will be applied in full to the member's outstanding balance at the commencement of participation in the Pre-Pay Program, and any credit remaining will be applied to the member's Pre-Pay account balance. \_\_\_\_\_
6. The member shall be responsible to regularly monitor the balance on the Pre-Pay account and understands that electric service will be subject to disconnection without any notification from the Cooperative to the member once the balance of the account reaches zero (\$0.00). \_\_\_\_\_
7. Any return payment fees and/or service fees must be paid in full prior to reconnection and before any amounts are applied to the non-fee balance of the Pre-Pay account. \_\_\_\_\_
8. By signing this agreement, the member affirms there are no residents in the home currently that have medical conditions that could be impacted by loss of service. Should this status change, the member shall contact the Cooperative in writing, upon which the account will be removed from the Pre-Pay program. **WEATHER CONDITIONS WILL NOT POSTPONE DISCONNECTION OF ELECTRIC SERVICE.** \_\_\_\_\_
9. Pre-Pay accounts shall not be eligible for payment arrangements with the Cooperative and energy assistance shall not be applied until received as payment on the member's Pre-Pay account. \_\_\_\_\_
10. If a member requests to disconnect service, the member shall be refunded any credit balance on the Pre-Pay account following final billing. \_\_\_\_\_
11. Service will be reconnected only after funds have been received and posted to the Pre-Pay account. The Cooperative does not guarantee same day reconnection on disconnected accounts. \_\_\_\_\_
12. The Cooperative reserves the right to remove any member from Pre-Pay at any time, without consent or notification. The Cooperative reserves the right to modify or end this program at any time. \_\_\_\_\_
13. Landlord is notified of prepaid service and reserves the right to refuse reconnection of prepaid service once disconnected. \_\_\_\_\_
14. The Cooperative shall be held harmless from any damages due to loss of energy services, or during the reconnection of service, as a result of participating in the Pre-Pay program. \_\_\_\_\_

15. A charge of \$250 will be assessed for any after-hours call that requires immediate reconnection assistance resulting from anything but failed equipment (\$100 during normal business hours). \_\_\_\_\_
16. I understand that should the service be disconnected upon reaching a zero (\$0) balance, reconnection of service may take up to 2 hours after payments have been posted to my account. Once disconnected, the account must have a minimum \$30 credit balance before reconnection will occur. \_\_\_\_\_
17. I understand that my payment options include: 1-in person at the Cooperative's office during normal business hours by cash, check or money order; 2-pay online at [www.taylorelectric.org](http://www.taylorelectric.org); or, 3- by calling (855)940-3954. Any credit or debit card payments require a minimum \$30 payment. \_\_\_\_\_
18. By signing this agreement, I understand it is my responsibility to notify the property owner of my enrollment in this program. (See Condition 12). I further agree to grant my landlord permission to obtain information on my account. \_\_\_\_\_
19. I will receive notice of low balance in my account by: *(check and complete all that apply)*  
 \_\_\_\_\_ **REQUIRED-** Email address: \_\_\_\_\_  
 \_\_\_\_\_ Text message to phone number: \_\_\_\_\_
20. Taylor Electric Cooperative reserves the right to modify the service rules and regulations at any time without prior notification \_\_\_\_\_

I certify that I am the: \_\_\_\_\_ Owner of this property \_\_\_\_\_ Tenant at this property

If Tenant: Landlord Contact Information (name & phone): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Joint Member Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_

<i>OFFICE USE ONLY</i>	
<i>SO Number:</i> _____	<i>Account No.</i> _____
<i>Setup Date:</i> _____	<i>Employee Initials</i> _____
<i>Cycle:</i> _____	<i>Sub:</i> _____