



AGREEMENT FOR PARTICIPATION IN PRE-PAY PROGRAM

Contact Information

Name
Address
City, State, Zip

Account No. as it appears on bill (Required) _____

Location No. as it appears on bill (Required) _____

Primary Phone _____

E-mail _____

OWN

RENT

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

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 electricity 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. 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 shall be applied to the member's Pre-Pay account balance.
5. The member shall be responsible to regularly monitor the balance on the Pre-Pay account and understands that the electric service will be subject to disconnection once the balance of the account reaches zero (\$0.00).
6. 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.
7. By signing this agreement, the member affirms there are no residents in the home currently that have medical conditions that will 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 services. **Initials** _____

8. 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. **Initials** _____
9. If a member requests to disconnect service, the member shall be refunded any credit balance on the Pre-Pay account following final billing.
10. Services 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.
11. 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.
12. The Cooperative shall be held harmless from any damages due to loss of energy services as a result of participating in the Pre-Pay program. **Initials** _____
13. The Member understands that any unauthorized tampering with any Cooperative equipment will result in one or more of the following: immediate removal from the Pre-Pay Program, disconnection of service, the addition of all applicable fees and charges to their account and possible legal action.
14. A charge of \$200 will be assessed for any after hour calls that require immediate reconnection assistance resulting from anything but failed equipment (\$70 during normal business hours).
15. Payments can be made 24/7 online thru Smarthub, by calling 800.552.7622 or coming into the office.
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.
17. 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.

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

Landlord Contact Information (if applicable):

Name: _____

Phone # _____

Signature: _____ SSN: _____ DOB: _____

Date: _____

OFFICE USE ONLY

SO Number: _____ Account Number: _____ Employee _____

Map Location: _____ Setup Date: _____ Initials: _____