

**Barton County Electric Cooperative
Service Agreement for Prepaid Metering Program**

Member Name _____
Account Number _____
Billing Address _____
Phone Number _____

OFFICE USE ONLY	
MSR Init:	_____
Amt Paid:	_____
Meter #:	_____
Collar #:	_____
IHD #:	_____
S/L:	<input type="checkbox"/> YES <input type="checkbox"/> NO

I, the above named, member, hereby apply for participation in the Prepaid Metering Program offered to members of Barton County Electric Cooperative (hereinafter called the "Cooperative"), and agree to the following terms and conditions:

1. I agree to purchase electric service from the Cooperative and agree to comply with all other applicable policies, agreements and the terms and conditions of the Cooperative bylaws.
2. I agree to make an initial minimum prepayment of **\$20.00** to my Prepaid Metering account for future electricity use.
3. I understand that I will **not** receive paper billing statements or disconnect notices. I understand that it is my sole responsibility to notify the Cooperative immediately of any changes to my contact information.
4. I understand it is my responsibility to regularly monitor the balance on my account and understands that electric service will be subject to disconnection without any written notification from the Cooperative to the member once the balance of the account reaches zero (**\$0.00**). Services will be reconnected only after funds have been received and posted to the prepaid account. The Cooperative does not guarantee same day reconnection on disconnected accounts. I also understand that payment arrangements are not applicable to prepaid metering accounts.
5. I understand the Cooperative will immediately debit returned/denied credit card payments along with any associated charges to my account. Should this cause my balance to fall below zero (0.00), my service will *disconnect* immediately and power restored when account balance is paid in full.
6. I understand that should my balance reach less than zero (**\$0.00**), 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.
7. I understand that if I apply for **energy assistance**, my account will be credited when the Cooperative receives the deposited pledge money from the agency or charitable organization.
8. I authorize the Cooperative to transfer the outstanding balance of \$_____ from the member's account with the Cooperative to the Prepaid account and further agrees that fifty percent (**50%**) of any payments made on this account in the future shall be applied to the balance until said balance is paid in full. Any fees/penalties (returned check, meter tampering, etc.) shall be paid before any payments are applied to the member's Prepaid account.
9. 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 resulting from the **ONLINE Utility Exchange Credit Report**.

10. If my Prepaid Metering account is disconnected for any reason and I fail to establish a positive balance on 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.
11. 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.
12. 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.

13. 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.
14. 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.

**Type your name as you would sign it. By typing your electric signature, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.*

Signature: _____

Date: _____

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