

EASTERN ILLINI ELECTRIC COOPERATIVE, INC.
PREPAID ADVANTAGE
Member Agreement

Account Number: _____

Name(s): _____

Address: _____

Home phone number: _____

Can you receive calls at work? If so, work phone number: _____

Cell phone number: _____

Can you receive text messages on your cell phone? _____

E-mail address: _____

By completing and signing this form, I am applying for the Eastern Illini Electric Cooperative, Inc. (Cooperative) PREPAID ADVANTAGE program.

I understand that I am asking the Cooperative to provide me with electric service and that I will pay for the service prior to use (“prepaid” basis) in lieu of traditional electric service by which payment occurs after use (“post paid” basis).

If I am a new member, I understand that I must make application by completing the membership application for service. I understand that the Cooperative will perform a credit check to verify my identification information and to check for past due balances.

The electric service deposit levels, as established in Regulation No. 3 - Deposits, are amended and adjusted such that all PREPAID ADVANTAGE members shall pay up to a \$25 service deposit which will cover 2-3 days of service.

I understand that all PREPAID ADVANTAGE member/owners will also pay a \$0 nonrefundable service establishment fee and a \$25 minimum payment on their account.

If I am an existing member, I understand I must complete the application for PREPAID ADVANTAGE service.

If I have an existing deposit, such deposit shall be applied in the following manner:

1. To pay for any service provided by the Cooperative to the member up to the date of the change to Rate 7 – PREPAID ADVANTAGE.
2. To new deposit requirements.
3. To the charges for establishing new rate; or,
4. As a credit on the account.

If I am an existing member disconnected for nonpayment, I understand that I may enroll in PREPAID ADVANTAGE with 50 percent of all payment(s) being applied to the total balance owed up to the date of disconnection. The Cooperative may require a portion of the total past due balance owed to be paid at the time of application for PREPAID ADVANTAGE such that the balance remaining is paid over a twelve (12) month or less period.

I understand that PREPAID ADVANTAGE is not available for service at any location enrolled in the Cooperative's Regulation No. 24 -Medical Equipment Registry program, and classified as critical care.

I understand that if my account becomes enrolled in the Cooperative's Regulation No. 24 - Medical Equipment Registry Program and classified as critical care, I will be removed from the PREPAID ADVANTAGE program.

The Cooperative will perform a credit check, as established in Regulation No. 3 – Deposits, to determine deposit requirement for the new rate. I as a member/owner may enter into a deferred payment agreement for the deposit requirement. The guidelines for deferred payment agreements are established in Regulation No. 12 – Billing.

As a PREPAID ADVANTAGE member, I understand that I may cancel PREPAID ADVANTAGE service and establish traditional “post paid” service under another rate, in which case I may not subsequently request PREPAID ADVANTAGE service for at least one year after the effective date of cancellation. In the event of such change, I will also pay the then-current trip charge to cover the cost of the required meter exchange and pay a deposit, if required.

I understand that instead of written notice of disconnection, the Cooperative will provide member/owners who are participants with a text message, email or phone call to alert them when the account balance is at or below a projected five (5) days usage. I understand that it is my responsibility to provide the Cooperative with a current and correct address for such message. It is not the Cooperative's responsibility to verify that the message was delivered nor will the Cooperative refrain from disconnecting service if it cannot deliver such message due to insufficient or incorrect information.

I understand that the Cooperative will not send by U.S. Mail to any account on PREPAID ADVANTAGE a written past due or termination for non-payment notice, and any account with a payment balance equal to or less than \$-0- will be disconnected without any further notice. However, the Cooperative will only disconnect such accounts Monday through Friday, 6 a.m. to 6 p.m., excluding holidays.

I understand that the Cooperative regulations concerning disconnection of service due to forecasted temperatures being below 32 degrees Fahrenheit or during certain months of the year, pursuant to Regulation No. 28 -Disconnection of Electric Service for Nonpayment, do not apply to service under Rate 7-PREPAID ADVANTAGE.

I understand any charges incurred by the Cooperative as a result of, insufficient fund checks/electronic fund transfers, returned credit card payments and the like, associated with PREPAID ADVANTAGE shall be applied to the account balance and may result in disconnection of service without further notice.

I understand that the Cooperative reserves the right to delay posting a payment to account up to seven (7) days if, in its sole judgment, it has sufficient reason to believe that the member's financial institution will not honor the payment.

I understand that the Cooperative will permanently disconnect any account that maintains a \$-0- balance or balance due the Cooperative for a period of 30 days. If my account is disconnected for such reason, I must complete an application to reestablish service.

I understand that service will be reconnected during normal business hours upon receipt of payment for the outstanding balance plus a minimum \$25 to be credited towards future energy use.

I understand that pledges from Low Income Home Energy Assistance Program or a charitable organization will be treated as payment and service will be reconnected if amount covers the outstanding balance plus at least \$25 to be credited towards future energy use.

I understand the difference between prepaid and post paid service, and am requesting to establish PREPAID ADVANTAGE service from Eastern Illini Electric Cooperative, Inc.

Signature: _____ Date: _____

Signature: _____ Date: _____