



TRINITY VALLEY ELECTRIC COOPERATIVE

APPLICATION FOR RESIDENTIAL PREPAID SERVICE

Residential-Prepaid Service (RPS) allows you to open an account without paying a security deposit. It enables you to pay for your electric service as you see fit to maintain a credit-balance. RPS may not be suitable to all Customers and is not available for those participating in the Levelized Billing program or those that do not have an automated meter.

New Customers: A Cooperative Membership (\$10 fee) will be established. A minimum \$50.00 credit for daily usage/monthly fees is required for initial service in addition to any applicable fees such as aid to construction and connect fees.

General Information

- The prepaid account balance is calculated daily with adjustments of all charges and fees deducted from the prepaid credit balance. The balance is reduced by kWh consumption and fees. The account will be reconciled once per month but a statement will not be provided. In the event a valid meter reading cannot be acquired, the Cooperative may estimate consumption for purposes of billing.
- Customers can access their prepaid account balances and monitor usage online at <https://tvec.net> or via the mobile app.
- Customers can update payment information or make payments online at <https://tvec.net>, by using the mobile app, by contacting or visiting any Cooperative office during normal business hours, or by calling (800)766-9576 and following the payment option prompts. Payments made at any Fidelity Express location or other non-TVEC location will not post immediately. This could result in a possible disconnection or a delay in reconnection.
- The Customer is responsible for ensuring that a credit balance is maintained on their prepaid account to avoid disconnection. A minimum payment for each prepaid account is \$10.00. Prepaid Customers must be able to receive Low Balance Notification via email, text messages or push notifications.
- The Customer is solely responsible for managing and updating the notification settings on their prepaid account. (Found online at <https://tvec.net>). This includes keeping contact information current.

Existing Customers: Your deposit (if applicable) is applied to your prepaid service. A minimum \$50.00 credit for daily usage/monthly fees is required for initial prepaid service. A \$20 Connection fee will be required if service has been previously disconnected.

- When the prepaid balance reaches an amount below zero (\$0.01), service is subject to disconnection.
- If the prepaid account is disconnected the Customer will need to pay any outstanding balance and have a \$10.00 credit balance for future purchase of electricity, before the prepaid account will reconnect.
- If the prepaid account is disconnected because the account has a negative balance and does not become current within 7 days, the account will be considered closed, and the Cooperative will mail a final bill for all unpaid charges to the last known address on file.
- The Cooperative will uniformly apply Service Rule 351.9 and 351.10 related to disconnection of accounts.
- Prepaid service accounts terminated at the request of the Customer will receive a refund of any remaining credit balance after all final bill amounts have been calculated and deducted.
- The Customer may elect to convert the prepaid account to a post-paid service after two (2) full billing periods and cannot return to prepay until after two (2) full billing periods of the Residential-Postpaid Service. The Cooperative may require full payment of a deposit and balances due as a condition of continued service.
- Any insufficient funds payments and resulting fees will be charged to the Customer's account immediately. If this causes the credit balance to be exhausted, service is subject to disconnection.

The Customer holds harmless the Cooperative, its directors, officers, employees, and agents for damages resulting from disconnecting service in accordance with approved tariffs and rules and regulations of the Cooperative.

Member Name: _____

Meter Number: _____

Alert and Reminder Notifications:

I am aware I will be responsible for setting up and managing alerts and reminders through *tvec.smarthub.coop* or through the smarthub mobile application.

Member Signature: _____

Option for Customers with an outstanding balance:

I agree that _____ % (minimum 25%) of each prepaid payment will be applied to the outstanding debt, as agreed by the Cooperative and the Customers as follows:

\$_____ (Debt Amount Not to Exceed \$1,000.00)

Member Signature: _____

Cooperative Member Service Rep Signature: _____

Member Termination of Prepaid Service

Under some circumstances, prepaid electric service may not be immediately disconnected when the account reaches a zero balance.

Members are responsible to pay for any usage on the account, including usage during a period of time after the account has depleted all pre-paid funds.

Members who are moving or wish to discontinue service must contact TVEC to terminate service at their location and stop additional billing.

_____(Initial) I understand that I am responsible for contacting TVEC to discontinue service.

I have carefully read the terms and conditions within the Application for Residential-Prepaid Service and understand the difference between prepaid service and standard residential (postpaid) service. I am requesting that the Cooperative establish prepaid electric service for my account.

Member Signature _____

Date _____

Print Name _____

Account Number _____

Service Address _____

Mobile Phone Number _____

E-mail Address _____

Mobile Service Provider _____

Office Use Only:

Does the meter at this location have a meter collar?

____Yes ____No

Medical Necessity Program Prepay Agreement

____ No residents at my service location are in need of or currently seeking participation in the TVEC Medical Necessity Program. *(if selected please initial the two blank lines below)*

_____ I understand it is my responsibility to notify Trinity Valley Electric Cooperative if any resident at my service address develops a chronic or critical care need and applies for the TVEC Medical Necessity Program.

_____ I understand participation in the TVEC Medical Necessity Program **WILL NOT postpone or exempt** my electric service from disconnection if a \$0.01 or greater debit balance is reached.

____ A resident at my service location is or will be participating in the TVEC Medical Necessity Program. *(if selected please initial the two blank lines below)*

_____ I understand participation in the TVEC Medical Necessity Program **WILL NOT postpone** my electric service disconnection, if a \$0.01 or greater debit balance is reached.

_____ I understand participation in the TVEC Medical Necessity Program **DOES NOT exempt** my electric service from being disconnected, if a \$0.01 or greater debit balance is reached.

Member Name: _____ Account Number: _____

Member Signature: _____ Date: _____

Member Service Representative Signature: _____