



PAY AS YOU GO PARTICIPATION AGREEMENT

Account #: _____ Applicant Name: _____

Joint Applicant(s): _____

Cell Phone #: _____ Email: _____

The undersigned ("Member") hereby applies to participate in the Pay As You Go program. The Pay As You Go program is available to all residential accounts receiving electric service through Tri-County Electric Cooperative, Inc. ("Cooperative").

Member agrees to abide by the Bylaws and the Rules and Regulations of Service of the Cooperative now in effect or as amended in the future. The terms and conditions of the Pay As You Go program can be found in the Rules and Regulations of Service.

Member:

- Agrees a credit of \$20.00 shall be required to begin Pay As You Go service.
- Agrees a minimum \$20.00 credit balance is required to reconnect service if disconnected due to zero balance.
- Acknowledges that power may be purchased by internet, telephone, payment kiosk, or during normal business hours at the Cooperative office.
- Authorizes Cooperative to transfer any outstanding balance on the Member's account to the Debt Management piece of the Pay As You Go program. Any balance remaining after application of any accrued security deposit will be paid by application of twenty-five percent (25%) of Member's future purchase power payments until the remaining balance is paid in full.
- Acknowledges that Member must remain on the Pay As You Go service until the Debt Management balance is paid in full (\$0.00 balance) and further acknowledges that a credit check shall be required and he/she/it will be required to pay all applicable fees and security deposits before returning to regular monthly billing.
- Acknowledges that Member will not be mailed a monthly statement of electric use or other applicable fees or charges.
- Acknowledges that Member shall be solely responsible for regularly monitoring the dollar balance and usage on the Pay As You Go account and understands that the electric service will be subject to disconnection without any notification from Cooperative to Member once the balance of the account reaches zero (\$0.00).
- Acknowledges that the Service Availability Charge applies to the account. It will continue to accumulate on the account if the dollar balance reaches zero and will be deducted from the next additional purchase payment.
- Acknowledges that Member Pay As You Go account(s) shall not be eligible for payment arrangements with Cooperative and that any energy assistance shall not be applied to a Pay As you Go account until received by the Cooperative.

Member acknowledges and accepts the terms and conditions of the Participation Agreement. Member requests to be signed up to receive alerts (via text and/or email) and web presentment regarding Pay As You Go account(s).

Signature: _____ Date: _____

Joint Applicant Signature(s): _____ Date: _____

Return this form to:
Tri-County Electric Cooperative, P.O. Box 880, 995 Mile 46 Road, Hooker, OK 73945
Phone: 580-652-2418, Email: info@tcec.coop, Fax: 580-652-3290

Office Use Only Date Received: _____ Received by: _____