

Northcentral Electric Cooperative™

FOR OFFICE USE ONLY

- | | |
|---------------------------------------|-------------------------------------|
| ☐ Commercial | ☐ Industrial |
| ☐ Manufacturer | ☐ Church |
| ☐ Warehouse | ☐ LLC |
| ☐ _____ | |

PREPAY APPLICATION

I, _____, choose to be notified of low balance or disconnection by one or more of the following methods:

E-Mail Address: _____

Secondary E-Mail: _____

Cell Phone/Provider: _____

I understand that it is my responsibility to change the notification options or contact information when necessary. I understand that it is my responsibility to provide Northcentral with accurate contact information. I also understand that while Northcentral will make every effort to notify me, that notification is not guaranteed. I understand that these notifications will contain information including account number and current balance. I understand that I will not be receiving a monthly bill and it is my responsibility to monitor my account. _____ (Initial)

I understand that I have \$ _____ unbilled usage/inactive balance that I must pay in full prior to starting a Pre-Pay account or that upon approval I may transfer to a debt management account which will receive 35% of any payment made to my Pre-Pay account until such time as the outstanding debt is paid in full. _____ (Initial)

I understand that I have a security deposit of \$ _____. I understand that this amount will be applied toward any unbilled usage and/or applied as a credit to my Pre-Pay account. Deposit monies will be applied towards the balance owed with the exception of \$50 which may be used as the required Pre-Pay credit. Any deposit monies left over after being applied to outstanding balance will be credited to my Pre-Pay account. _____ (Initial)

Northcentral approval for debt management given by: _____.

I understand that I can switch my account back to a traditional payment account. If I elect to do so I understand that I will be subject to a utility credit check and may be responsible for a new deposit and any balances in debt recovery before my account can be moved back to a traditional payment system. _____ (Initial)

I understand that if my account is disconnected for non-payment, I will be required to pay any unbilled usage, applicable reconnect fees plus a minimum of \$50 credit balance before my account will be reconnected. _____ (Initial)

I understand that reconnections will be done automatically from the office and that power will be restored to the account immediately after the account reaches the required balance. _____ (Initial)

By initialing and signing this agreement I certify that I understand and agree to all conditions listed above and further agree that if ever in conflict with Northcentral's Service Rules and Regulations, the terms of service apply. _____ (Initial)

Account #: _____

Date: _____

Member Name: _____

Signature: _____

CSR Name: _____

Signature: _____

For Office Use Only:

_____ Billing Cycle _____ Uncollectable Debt Service Over Number: _____

_____ Rate 23 _____ Install Collar

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