

FBEMC Account #: _____ New: _____ Existing: _____

FBEMC CIN #: _____ Account Name: _____

French Broad EMC FlexPay Service Enrollment Agreement

I wish to participate in French Broad EMC's FlexPay billing program. I understand as a new member or an existing member without an outstanding balance, I must pay a minimum amount of \$100 plus applicable service charges. Through enrollment in FlexPay, French Broad EMC agrees to waive the minimum \$500 security deposit.

I understand as an existing French Broad EMC member with an outstanding balance, when my account is converted to FlexPay, my existing deposit, if any, will be applied toward any outstanding balance with the remaining credit applied to my FlexPay billing account. Members without a deposit or with a deposit that does not fully cover their outstanding balance will be required to pay half of their balance plus applicable fees and \$50 to go towards future electric serves and enter in the debt recovery plan (see below if applicable).

I understand that my electric service will be subject to immediate disconnection any time my account does not have a credit balance. No "Notice of Disconnection" will be mailed prior to the disconnection. Notifications of a low account balance or a pending disconnection will be made per the notification procedures established by me when signing up for the FlexPay program.

_____ **Initial**

I understand a **minimum payment of \$25 is required**. Payments can be made in any amount above the minimum; however, service disconnected due to a negative balance will require payment of the outstanding balance, **any additional charges** plus a minimum of \$25.00 for service to be restored. This \$25.00 will be credited toward future energy use. When making a payment for reconnection of service, members enrolled in a debt recovery program must be sure that payment is sufficient to cover reconnection.

_____ **Initial**

I understand that **I will not receive a monthly billing statement**. My account information will be available via the internet at www.frenchbroademc.com or by telephone through an Interactive Voice Response System (IVR) at 828-649-2051. The website will also allow me to modify my notification settings. I understand that I am responsible for managing and updating the notification settings on my FlexPay account. I understand that I may access www.frenchbroademc.com to view my account information and to determine payment requirements to keep a credit balance and avoid disconnection. I understand it is my obligation to know and/or determine the amount of my credit balance at any time. I also understand that I can access my FlexPay account information by dialing 828-649-2051.

I understand low balance and disconnect alerts will be communicated to the customer either by phone, email, or text message. Failure to receive such messages does not extend credit. It is the customer's responsibility to keep a positive balance on their account at all times to avoid disconnection. It is also customer's responsibility to keep their contact information updated with the Cooperative in order to receive alert status messages.

_____ **Initial**

I understand in the event of a returned check, the check amount will immediately be charged back to the account along with a returned check fee. If this puts the account in the negative, a pending disconnect alert notification will be sent. If the account continues in the negative, service will be disconnected.

_____ **Initial**

I understand if FBEMC is required to make a trip to my location as a result of my balance becoming negative, I will be charged a fee of \$53.50.

_____ **Initial**

I understand that at any time I may elect to convert my account to a standard (post paid) service. At such time the Cooperative will require full payment of a security deposit as a condition of continued service as well as any outstanding balances and applicable fees. Service terminated at the request of the consumer will receive a refund of any remaining credit on the account.

____ Initial

I understand that any evidence of meter tampering or theft will immediately disqualify my account from Flex Pay and I will be required to pay all outstanding balances, fees, charges for unmetered power, and a deposit before electrical service is restored.

____ Initial

I understand FlexPay Accounts are **not eligible for payment arrangements or extensions.**

____ Initial

I understand there is an additional fee of \$1 per payment transaction to participate in the FlexPay program. This allows for online account access, payment processing costs, and receipt of alerts.

____ Initial

**I understand that I will need to contact the service department to schedule a disconnect when I am ready to disconnect my service. Simply letting the funds deplete does not constitute a true disconnect of service and could actually cause a bad debt balance.

____ Initial

Payments can be made with cash, check, credit card, or money order during regular business hours at FBEMC offices. Payments can also be made online at www.frenchbroademc.com or by phone at 866-487-4467.

Phone # for Voice Alerts: _____

Cell Phone # for Text Alerts: _____

Cell Phone Provider: AT&T Alltel Sprint US Cellular MetroPCS
 Verizon Virgin T-Mobile Straight Talk
 Other: _____

E-mail address for Alerts: _____

Daily Balance Alert Low Balance Amount: _____

I certify that I have read this agreement (or had it read to me) and that I agree to these rules as well as all service rules and regulations and am requesting to establish FlexPay electric service from French Broad Electric Membership Corporation.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

STATE _____ **OF COUNTY** _____ **OF I,**
_____, a Notary Public of said County and State, do hereby certify that
_____ personally appeared before me this day, and acknowledged the due
execution of the foregoing instrument. **WITNESS** my hand and Notarial Seal, _____ this
day _____ of _____, 20____

My Commission expires: _____ Notary Signature: _____

<i>Office Use Only</i>
Debt Recovery Plan Required? Yes _____ No _____
Debt Recovery Amount _____ Debt Recovery Percentage _____