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## SERVICE AGREEMENT

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**Applicability/Availability:** Pay-Your-Way metering program is available to all single phase, year round, non-demand residential members.

**New Members:** New members opting into Pay-Your-Way metering will be required to complete a membership application if an application is not currently on file, and establish an account as outlined in the Service Rules and Regulations of Southern Rivers Energy. A membership fee of \$5.00, a meter set fee of \$15.00, and a minimum of \$50.00 for daily usage (\$70.00 minimum total) is required for initial service.

**Existing Members:** Existing members opting to convert their account to Pay-Your-Way will have any existing deposit applied to account balances or to their Pay-Your-Way account. Members must pay in full all pre-existing fees and unbilled energy or select to participate in the debt management program before an account can be converted from postpaid to prepay. The new prepay account must have an initial minimum balance of \$50.00 for daily usage.

**Debt Management:** Existing members with account balances can use the debt management program. For each purchase that is made on the prepaid account a portion will go toward the outstanding account balance. If debt recovery is utilized, 25% of each purchase will be applied to the debt until the balance is eliminated. Debt recovery will not be applied to the initial \$50.00 minimum balance.

**Rate:** Pay-Your-Way program accounts will be charged the same rate as the traditional postpaid residential accounts. The monthly minimum customer charge is approximately \$35 (\$1.15 per day), compared to \$27.50 for traditional accounts. There are no late fees.

**Billing & Payments:** Purchases may be made by e-check or credit card in any amount through [southernriversenergy.com](http://southernriversenergy.com), where you may also view your daily usage. The website also allows you to modify notifications and alert settings. Excessive notifications may result in additional fees. Please verify your alert settings and all contact information. Payments can also be made by telephone at 770-358-1383 or 1-877-358-1383, or by mail; and by cash, check, or credit card at our office. A fee equivalent to Southern Rivers Energy's deposit bank's return item fee will be applied to any returned payments. **You will not receive a monthly bill. Payment arrangements cannot be made on Pay-Your-Way accounts.**

**Connect/Disconnect:** Electric service will be subject to immediate disconnection if at any time your account does not have a credit balance, including weekends, holidays, and extreme temperatures. Any returned checks or other fees on the account will be charged to the member's account immediately. If service is disconnected, any outstanding balance must be paid in full to reactivate the account. In addition, you will be required to add a minimum of \$20 to purchase enough energy to restore electric service. If your account is disconnected and does not become active after ten (10) days, Southern Rivers Energy will mail a final bill to the last known address on file. If at any time a Pay-Your-Way member wants to convert his account back to a regular billed account, a deposit will be required based on the Service Rules and Regulations of Southern Rivers Energy. If service is terminated at the member's request, a refund of any remaining credit on the account will be issued.

**Reestablishment of Service:** If within twelve (12) months, service is reconnected in the same location, the daily minimum customer charge of \$1.15 plus tax will be charged for each day since disconnection of service. This only applies if the member making application was the last account holder at the location.

**Medical Conditions:** Members who have household members with medical conditions or other unique situations must determine whether the Pay-Your-Way program is appropriate for their needs. Member assumes all risks and responsibilities for purchasing adequate amounts of energy to maintain electric service.

**I understand it is my responsibility to ensure that I maintain a credit balance to continue service. I further acknowledge that I understand the terms of this agreement.**

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Member's Signature

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Date

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Account Number

## Billing Alerts

Name \_\_\_\_\_ Date \_\_\_\_\_

Existing or New Account Number \_\_\_\_\_

Notification Information			
Mobile Phone	_____	Provider	_____
Email Address 1	_____		
	Text	Email	
Return Check Alert	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	
Service Disconnected	<input type="checkbox"/>	<input type="checkbox"/>	
Service Reconnected	<input type="checkbox"/>	<input type="checkbox"/>	
Low Balance Threshold	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____
Balance & Usage Alert	<input type="checkbox"/>	<input type="checkbox"/>	
Pending Auto Disconnect	<input type="checkbox"/>	<input type="checkbox"/>	

Debt Recovery	
Balance for Recovery \$ _____	Debt Recovery Rate <u>25%</u>

Employee Signature \_\_\_\_\_

*This institution is an equal opportunity provider and employer.*