EnergyAdvantage Program Agreement

The EnergyAdvantage Program allows members to monitor their electric usage, manage their account and purchase electricity on a "pay-as-you-go" basis. Enrollment in the EnergyAdvantage Program is voluntary and is available for all residential class locations and small general service locations supporting the residence. Locations must be supported by EnergyUnited's Advanced Metering Infrastructure (AMI) Technology.

ACCOUNT:

PHYSICAL ADDRESS:	
CITY	STATE ZIP CODE
PRIMARY CONTACT NUMBER: It is important that EnergyUnited has the correct phone number on-file for account information, report outages via our automated system, notify our retion concerning your account. By providing your phone number you agreed including EnergyAdvantage calls and notifications. You also agree to receive system as well as text messages via our automated outbound messaging of discontinue receiving outbound messages or opt out of text messages at a Please note: If you have entered a cell phone number or another number	nembers of planned outages, or provide important informathat EnergyUnited may contact you for business purposes, e calls by phone or by our automated outbound messaging system and normal cell phone charges may apply. You may any time by contacting Customer Care
I understand I am solely responsible for managing my account, ma fication methods are accurate. I understand if the alert information received.	
It is recommended that members select and maintain more than or email or text. Outbound call or text message will include notifica (i.e. disconnection date, account number, name, etc.). Please choose necessary information.	tion that may include personal account information
HOME PHONE:	CELL PHONE:
EMAIL:	@
TEXT ALERTS ARE AVAILABLE BY VISITING WWW.ENERGYUNITED.C TER FOR MY ENERGYHUB OR DOWNLOAD ENERGYUNITED'S NEW TIONS.	
EnergyAdvantage accounts are automatically enrolled in e-billing a cally to	and a monthly statement will be delivered electroni-
To opt out of e-billing, please check the box below to receive	your monthly billing statement of account by mail.
I would like to opt out of e-billing and receive my monthly bill	ing statement of account via mail.
I have received, read and understand the EnergyAdvantage Progra and EnergyAdvantage Program Agreement form. My signature belo the EnergyAdvantage program.	•
MEMBER NAME (please print and sign on this line)	IDENTIFICATION NO. ON FILE

By clicking SUBMIT you acknowledge you have completed the EnergyAdvantage Agreement Form and you have read and agree to (checked) the EnergyAdvantage Terms and Conditions on the next 2 pages.



NAME: