

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.

NAME: _____ ACCOUNT: _____

PHYSICAL ADDRESS: _____

CITY: _____ STAT: _____ ZIP CODE: _____

PRIMARY CONTACT NUMBER: _____

It is important that EnergyUnited has the correct phone number on-file for your account. Phone numbers are used to quickly access account information, report outages via our automated system, notify our members of planned outages, or provide important information concerning your account. By providing your phone number, you agree that EnergyUnited may contact you at the number provided either by telephone or via our automated outage messaging system.

Please note: If you have entered a cell phone number or another number that is later converted to a cell phone number, you agreed that we may contact you at this number and normal cell phone charges may apply.

Participants will receive a copy of the EnergyAdvantage Program Information, Terms and Conditions which must be reviewed prior to enrolment and acceptance of this agreement.

EnergyAdvantage accounts are automatically enrolled in e-billing and a monthly statement will be delivered electronically to _____ @ _____

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 billing statement of account via mail.

EnergyAdvantage accounts may elect to participate in the bank draft payment option. Drafts may occur multiple times throughout the month as necessary to maintain a credit account balance.

I would like to participate in the bank draft option

To participate in the bank draft option plan, a signed, voided check is required and must be attached or contact Customer Care to complete the bank draft enrollment process.

I authorize EnergyUnited to draft my bank account in the amount of \$ _____ as necessary to maintain a credit account balance.

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I understand I am solely responsible for managing my account, maintaining credit balance, and ensuring the alert notification methods are accurate. I understand if the alert information is not correct, important notifications may not be received.

It is recommended that members select and maintain more than one means of notification. Options may include phone, email or text. Outbound call or text message will include notification that may include personal account information (i.e. disconnection date, account number, name, etc.). Please choose the methods of communication below and provide necessary information.

HOME PHONE: _____

EMAIL: _____ @ _____

CELL PHONE: _____

By providing your cell phone number, you agree that we may contact you for business purposes. You also agree to receive calls by phone or by our automated outbound messaging system as well as text messages and normal cell phone charges may apply. You may discontinue receiving outbound messages at any time by contacting Customer Care at 800.522.3793.

TEXT: _____ @ _____ (Enter provider's name (AT&T, Verizon, Sprint, etc.). This information is needed to set up Text Message option. Do not leave blank).

By providing your text messaging address, you agree that we may contact you for business purposes. You also agree to receive text messages via our automated outbound messaging system and normal text messaging charges may apply. You may opt out of receiving text messages at any time by contacting Customer Care at 800.522.3793.

I have received, read and understand the EnergyAdvantage Program Information, Terms and Conditions documentation and EnergyAdvantage Program Agreement form. My signature below designates acceptance and voluntary enrollment in the EnergyAdvantage program.

_____	XXX - XX -
MEMBER NAME (please print)	LAST 4 DIGITS OF IDENTIFICATION ON FILE
_____	_____
MEMBER SIGNATURE	DATE
_____	_____
ENERGYUNITED EMPLOYEE SIGNATURE	DATE