



PREPAID SERVICE AGREEMENT

APPLICANT'S NAME: _____ ACCOUNT: _____

CO-APPLICANT'S NAME (IF APPLICABLE): _____

SERVICE ADDRESS: _____

I(We) understand that prepaid service is an optional prepaid metering program for residential consumers of Dawson Public Power District ("District"). As a participant(s) in the program, I(we) am(are) required to maintain a prepaid (credit) balance in my(our) account at all times to cover my(our) daily electric charges, with such charges calculated on a daily basis. Should I(we) fail to maintain a prepaid (credit) balance in my(our) account, my(our) electric service will be subject to automatic immediate termination without notice. Inclement weather, including extreme heat or cold, will not postpone or prevent the automatic immediate termination of my(our) electric service, nor will medical conditions. Prepaid accounts are not eligible for payment arrangements and cannot be enrolled in any automated payment or budget billing programs offered by the District. Energy assistance funds will be credited to my(our) account once the money is received by the District from the source of assistance. I understand I am responsible for notifying the energy assistance program of my(our) enrollment in the prepaid metering program.

Services with a landlord/tenant agreement on file with the District are not eligible to be enrolled in the prepaid service program unless the landlord provides a signed release form. I understand it is my(our) responsibility to contact the landlord and request he/she sign the release form.

As a prepaid service consumer(s), I(we) understand a security deposit of \$50 plus a minimum of \$75 toward prepaid electric service are required to receive electric service. If I(we) am(are) an existing Dawson Public Power District consumer(s), I(we) agree that when my(our) account is converted to a prepaid service, my(our) existing deposit, if any, less \$50, will be applied toward any outstanding balance and any remaining credit shall be applied to my(our) prepaid service. Any fees and unbilled charges will be calculated and added to unpaid amounts that make up the outstanding balance. The \$50 withheld from my(our) existing deposit shall constitute the required security deposit to receive electric service under this agreement.

If I(we) had an existing deposit and after applying it an unpaid balance remains, I(we) understand that, at a minimum, I(we) must pay down the unpaid balance to no more than \$200. Then 50% of additional payments made to the account will go toward paying the unpaid balance, with the remaining 50% applied to the prepaid service. Once the balance is paid, 100% of the payments will go toward future electric charges.

If I(we) am(are) a former Dawson Public Power District consumer reestablishing an account, any uncollected balances from previous accounts must be paid in full before the new service can be connected, as does the \$50 security deposit.

Prepaid consumers will be notified by e-mail, text message, or automated phone call once their prepaid balance reaches \$20, known as the notification minimum. The District is not liable for notification e-mails, texts, or automated phone calls that are not received by me(us). It is my(our) responsibility to ensure the District has current and accurate contact information. **I(we) understand I(we) will not receive monthly statements or disconnection notices in paper form.**

Payments may be remitted 24 hours a day by debit/credit card or electronic check through the telephone payment system, online payment system, at a participating MoneyGram location using the blue form only, or other such methods that may be offered by Dawson Public Power District. Cash and check payments may be made at the Lexington office during normal business hours. Payments made to reconnect the service after normal business hours must be made

through the telephone payment system (debit/credit card only), online payment system (debit/credit card only), at a participating MoneyGram location using the blue form only, or other such methods that may be offered by the District. The minimum payment amount for any payment method at any time is \$20. Payments returned for any reason, including but not limited to insufficient funds or a closed account, will be subject to applicable fees.

The prepaid process to calculate the balances and determine disconnect status will run Monday through Friday at 12:00 noon CST. Billing calculations will not be done on weekends, holidays observed by the District, or days the District headquarters office is closed.

If my(our) service is disconnected, District personnel will transmit a signal to my(our) meter once I(we) have made the necessary payment to reconnect it. I(We) will be required to then push a button on the face of the meter to complete the reconnection process.

I(We) understand at any time I(we) may elect to convert my(our) account to a postpaid service. Dawson Public Power District may require full payment of a deposit as a condition of continued service per the District's deposit policy. If I(we) request my(our) service be terminated, I(we) will receive a refund of any remaining credit on the account, with such refund being issued on the District's next regularly scheduled accounts payable processing date. If the service is disconnected due to a credit deficit and remains disconnected for 15 days, the account will be closed. I(We) understand if I(we) abuse the prepaid service program, I(we) may be dropped from the program.

I(We) understand Dawson Public Power District is providing the prepaid service to me(us) at my(our) request. I(We) agree to indemnify and hold harmless Dawson Public Power District, its employees, and agents for any and all losses or damages incurred, be they direct or consequential, including death, as a result of my(our) participation in this prepaid metering program or as a result of electric service termination. I(We) certify no person with a medical condition requiring electric service for his/her health and well-being and no person requiring electric service to operate medical equipment needed for his/her health and well-being currently is or will be residing at my(our) location. The health and safety of any person who currently is or will be residing at my(our) location with a medical condition or requiring electric service to operate medical equipment needed for their health and well-being is my(our) sole responsibility. I(We) know and accept there are medical risks associated with the prepaid service program's immediate termination of electric service and recognize I(we) am(are) solely liable for all losses and damages incurred under these circumstances.

I(We) prefer to receive notification messages relating to my(our) prepaid balance using the method selected below and at the phone number or email address provided. I(we) give express written consent for the District to contact me(us) for Dawson Public Power District business at the phone number or email addresses I(we) provide.

_____ Text to a cellular phone (messaging charges may apply): _____

_____ Automated phone call: _____

_____ Email: _____

_____ (*applicant and co-applicant initials*) I(We) certify I(we) have read this agreement and understand these rules. I(We) agree to abide by these rules and all service rules and regulations of the District. I(We) understand the difference between prepaid and postpaid services. On my(our) own free will and accord, I(we) request Dawson Public Power District establish a prepaid electric service account in my(our) name.

APPLICANT:

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

CO-APPLICANT (IF APPLICABLE):

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____