



Mid-Carolina Electric Cooperative, Inc.

Pay As You Go/Terms and Conditions of Service



As a new member, I understand the following charges are to be paid before electric service will be connected: \$15.00 membership fee, \$35.00 Setup fee, and a minimum \$50.00 starting credit balance for a total of \$100.00.

As an existing member, I understand when my account is converted to Pay As You Go, the total amount owed through the current reading will be calculated. In addition, the account will be charged a \$35.00 Setup fee, and a minimum \$50.00 starting credit balance for a total of \$85.00. Any existing deposit (if applicable) will be applied towards outstanding balances first, and any remaining credit will be applied to the account balance.

Arrangements are available to members who are unable to pay any outstanding balance while establishing a Pay As You Go account. Once an arrangement is placed on the account, 30% of each payment will be applied towards the arrangement amount and 70% will apply towards the Pay As You Go balance. Once the arrangement amount has been paid in full, 100% of payments will then apply towards the Pay As You Go balance. Mid-Carolina Electric reserves the right to change or modify any percentage on a Pay As You Go arrangement balance.

 I WILL NOT RECEIVE A MONTHLY BILL OR STATEMENT

Pay As You Go requires the account to have a credit balance at all times. A Pay As You Go account will be subject to disconnection any time the account does not have a credit balance. Medical conditions, a Special Medical account designation and/or inclement weather will not postpone disconnection of service. If your service is designated as a Special Medical account you are encouraged to secure a back-up source of power. If a return payment is received, the amount of the return item and any return item fee will be charged to the member's account immediately. If this causes the credit on the account to be depleted, service will be subject to immediate disconnection without any notifications. The cooperative has the right to refuse payment by check or credit card if the account has a return item.

 I understand that Pay As You Go accounts are not eligible for payment extensions, budget billing, or bank draft.

Payments can be made in the office M-TH 7:30am-5:30pm, and Friday 7:30am-11:30am, by phone at 803-749-6500 or 888-850-6770, through the web at <http://www.mcecoop.com/> or through SmartHub at <https://mcecoop.smarthub.coop/Login.html>. *There is a \$10.00 minimum payment amount.* If services are disconnected due to a positive balance on your account, services will be reconnected once a payment has been received and a minimum credit balance of \$10.00 is established.

 I understand that at any time I may elect to convert my account to standard billing. MCEC will require full payment and may require a deposit as a condition of continued service.

 I understand and agree that any amount owed to the Cooperative by me (us) or any person residing with me(us), at this location may be transferred to and collected from my (our) account. Any adjustment added to the account after service has started may be eligible for an arrangement stated above, or may cause a credit balance to be depleted, therefore, the account may be up for immediate disconnection without any notifications.

If service is disconnected at the request of the member or for nonpayment and remains disconnected for 10 days, the account will be closed and final billed. Accounts will receive a refund of any remaining credit on the account along with a refund of the membership fee. If a balance is still owed at that time, a final bill will be mailed to the last known address and payment is expected immediately to keep the account from being reported to a credit bureau. **I understand these terms and conditions and I am requesting to establish a Pay As You Go account from MCEC. I also understand that it is my responsibility to maintain a credit balance to continue service. I understand that I can manage my usage and account balance through SmartHub, calling or visiting the office during office hours.**

CIN#: _____ Name: _____

Account#: _____ Signature: _____ Date: _____