



ALBEMARLE ELECTRIC MEMBERSHIP CORPORATION

Post Office Box 69, Hertford, North Carolina 27944-0069
Telephone (252) 426-5735 Toll Free 1-800-215-9915 Fax (252) 426-8270

Please print: _____
Last Name First Name

FlexPay Member Agreement

I hereby voluntarily apply to participate in the FlexPay offered to members of Albemarle EMC and agree to the following terms and conditions:

Member must initial each item indicating a full comprehension of expectations associated with a FlexPay account.

_____ I must be able to purchase energy at Albemarle EMC’s office or by use of credit or debit card either over the phone (252-426-5735 office or 252-426-4419 automated line) AEMC mobile app, or online using AEMC’s customer portal at www.aemc.coop.

_____ I must pay a \$50.00 connect fee, a \$25.00 security deposit, and a \$50.00 initial minimum prepayment of electricity (may purchase more if desired).

_____ If I am an existing member, any deposit I have previously paid except for \$25.00 will be applied to my existing account’s balance (if any). If a credit remains, it will then be credited to my FlexPay account balance.

_____ If I am an existing member and an outstanding debt remains after my deposit has been applied, I authorize AEMC to transfer that final balance to the Debt Management portion of the FlexPay program. This means that for every payment I make after today, 30% of it will go towards the Debt Management balance and 70% will purchase prepaid energy.

Amount transferred to Debt Management \$_____ . Initial_____ .

_____ Any older outstanding debt that has been written off by AEMC and/or turned over to a collection agency must be paid, or arrangement made to pay, before a member can join the FlexPay program.

_____ FlexPay accounts are not eligible for payment arrangements (extensions), levelized billing, or bank draft. However, any energy assistance-type guarantees or pledges from outside vendors will be accepted and applied to your account when we receive a copy of the pledge from the agency.

_____ I understand that any returned checks or denied credit card payments will be charged to my account immediately, as well as a **\$25.00 returned check fee**. Should this **35.00** cause my balance to be zero (or less), my service will disconnect the same day. Reconnection will not occur until payment has been made to bring the prepaid energy balance back up to **\$50.00.** **25.00**



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I understand that I will no longer receive a paper bill. I must monitor the balance on my account by either: checking the member portal at www.aemc.coop (password is required), calling Telelink at 252-426-4419 (24 hours) or calling AEMC office (252-426-5735) during business hours.

I will provide either valid cell phone information or valid email address so that I may receive Alerts regarding this account. Alerts include low balance reminders, returned checks and pending disconnects. I UNDERSTAND THAT FAILURE TO RECEIVE TEXT OR EMAILS WILL NOT EXEMPT MY SERVICE FROM DISCONNECTION. IT IS STILL MY RESPONSIBILITY TO MONITOR MY ACCOUNT.

ALERT NOTIFICATION PREFERENCE:

cell phone Mobile service provider

email Mobile phone number

both Email address

The FlexPay account balance will be calculated on a daily basis. I should check my account any day after 11 a.m. for the daily calculation. The Cooperative will attempt to send out Alerts after this calculation if one is needed. If the account has fallen below zero, I know I should make immediate payment to avoid disconnection of the meter at noon. 1:00 pm

I understand that my meter is subject to automatic disconnection if the account credit balance falls to zero or below, including week-ends and holidays. Before my service will be reconnected, I must pay enough to bring my account credit balance back up to at least \$50.00. If I am participating in the Debt Management plan I realize I must pay enough to satisfy the 70%/30% requirement. 25.00

If you wait longer than 3 days to reconnect your account, it will be final billed, your original deposit applied, and you will need to start new if reconnect is requested. Initial

Member Signature Date

Albemarle EMC Representative Date