



PRE-PAID METERING PROGRAM

Residential Use Only

REVISION NO: 3

EFFECTIVE: 10/10/2017

The customer hereby agrees to pre-pay for energy from Electrical District No. 3. (ED3) provided to the Service Address listed below under the Pre-Paid Metering Program (PPM).

Terms and Conditions:

Residential customers may elect to pre-pay for their electricity usage through the PPM Program with the exception of customers who have on-site solar generation.

For new customers, the initial Service Establishment Fee for account set up and credit check will apply. Customer must agree to start their PPM account with a minimum balance of fifty dollars (\$50.00). A customer who has an existing ED3 account will be expected to satisfy that account to a zero dollar (\$0.00) balance and also provide a minimum pre-paid balance of fifty dollars (\$50.00) before their PPM account can be set up.

It is understood by the customer that once their PPM account reaches a zero dollar (\$0.00) balance, the energy provided to the Service Address will be disconnected immediately. It is further understood that for customers to have their PPM account reconnected, a minimum balance of fifty dollars (\$50.00) must be pre-paid for future usage. By electing to participate in the PPM Program, customers understand that there will be daily charges for their usage and their PPM account may be subject to a Minimum Bill Charge.

Security Deposits:

Participation in the PPM Program does not require a Security Deposit to be held on the customer's PPM account. Deposits that are held on active accounts will be applied to the current account balance with any remainder applied as pre-payment on the PPM account. When the customer is no longer participating in the PPM Program, either by customer choice or ED3's choice, and wants to establish another type of ED3 account, the customer must satisfy all Deposit and credit requirements as per ED3 policies. If the customer had a Deposit on file before going onto the PPM Program, an equal or greater Deposit will be required to establish another type of account. The Deposit requirement and amount will be determined based on the customer's status and history at the time of exit from the PPM account.

REQUIRED – PLEASE COMPLETE ALL BLANKS					
Last Name:		First:		Initial:	
Service Address:					
Mailing Address:					
ED3 Account No.			Email Address:		
Mobile Phone Provider:		Mobile Phone Number:		2nd Phone Number:	

REQUIRED – Please Check Preference		
	TEXT	EMAIL
Service Reconnected	<input type="checkbox"/>	<input type="checkbox"/>
Balance & Usage Alert	<input type="checkbox"/>	<input type="checkbox"/>
Pending Auto Disconnect Alert	<input type="checkbox"/>	<input type="checkbox"/>

OPTIONAL – Please Check Preference		
	TEXT	EMAIL
Account Profile Change	<input type="checkbox"/>	<input type="checkbox"/>
Returned Check Alert	<input type="checkbox"/>	<input type="checkbox"/>
Payment Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Service Connected	<input type="checkbox"/>	<input type="checkbox"/>
Service Disconnected	<input type="checkbox"/>	<input type="checkbox"/>

OPTIONAL – Please Check Preference		
	TEXT	EMAIL
Low Balance Threshold Reached	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____ (Example: If \$30. ⁰⁰ is set, then when account balance hits \$30. ⁰⁰ a text or email will be sent to you.)		
High Usage Alert	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____ (Example: If \$10. ⁰⁰ is set and the usage for the previous day hits \$10. ⁰⁰ , a text or email will be sent to you.)		

REQUIRED:

I am aware that I will be required to receive PPM Program alerts via mobile phone, email, or both, and I am willing to accept the responsibility to make sure a working mobile phone number and email address is on file.

(Initial Here)

REQUIRED:

I am willing to accept the responsibility of monitoring my usage and account balance.

(Initial Here)

REQUIRED:

I am aware that ED3 personnel must continue to have safe, continuous and unrestricted access to the meter and the meter cannot be behind a locked gate or within a fenced yard with a dog.

(Initial Here)

I agree to the following PPM Program requirements and guidelines, as may be amended, and all other ED3 policies.

Printed Name:	_____	Date:	_____
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Signature:	_____
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SUBMIT COMPLETED APPLICATION EITHER VIA FAX, EMAIL, POSTAL MAIL OR IN PERSON:

ADMINISTRATION OFFICE & POSTAL ADDRESS:
41630 W. Louis Johnson Drive
Maricopa, AZ 85138-5402

FAX:
(520) 494-7053

CUSTOMER SERVICE OFFICE:
19756 N. John Wayne Parkway, Suite 101
Maricopa, AZ
Email: customerservice@ed-3.org

FOR INTERNAL USE ONLY

Date Received:

Date Confirmed:

Confirmed By: