




**LOWER YELLOWSTONE  
RURAL ELECTRIC COOPERATIVE**

Your Touchstone Energy® Cooperative 

## Prepay Service Agreement

Applicant Name(s): \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Location: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Cell Home Work

E-Mail Address: \_\_\_\_\_

**I, the undersigned, (hereinafter called the “member”) voluntarily apply to participate in the Prepay Service Program offered to members of Lower Yellowstone Rural Electric Cooperative (hereinafter called the “cooperative”) and agree to the following terms and conditions:**

- I agree to purchase electric service from the cooperative under its optional prepaid service program in accordance with present and any future rate schedule of the cooperative on a prepaid basis for the above referenced account, and agree to be bound by the terms and conditions set forth in the agreement.
- I understand that the terms and conditions set forth in the Membership Application for electric service continue to apply, subject to any specific exceptions set forth in this agreement.
- I understand that if my contact information changes, it is my sole responsibility to notify the cooperative immediately and change my contact information through SmartHub. Failure to receive notice by email, phone, or text message of alerts or an impending disconnection will not exempt my service from being disconnected. **Member Initial:** \_\_\_\_\_
- I understand that due to the automated nature of the program, 1) the physical condition of any person located at the address where electric service is furnished by the cooperative, or 2) inclement weather conditions or temperatures will not prevent or postpone disconnection of electric service. **Member Initial:** \_\_\_\_\_
- I understand that I will not be mailed a monthly statement of electric usage and other applicable fees or charges.
- I understand that the Cooperative will generate alerts (via phone/email/text at my designation) regarding my prepaid account and I agree that by disclosing an email account, landline, mobile or other means, LYREC, its agents or contractors may contact or communicate with me using an automated pre-recorded telephone dialer and/or send messages via email or text.
- I understand it is my sole and exclusive responsibility to regularly monitor the balance on my prepaid service. **Member Initial:** \_\_\_\_\_
- I understand that the Cooperative will generate low balance alerts to my designated method(s) of notification when my prepaid service account balance reaches, or is below \$25.00 but the failure to receive such alert does not excuse any responsibility on my part to monitor and maintain the necessary balance in my account.
- I understand that if I allow my prepaid account to reach a zero (\$0.00) balance my electric service will be automatically disconnected between the hours of 8 a.m. and 5 p.m., Monday thru Thursday, except holidays and days the office is closed. There will be no alerts or written notification from the cooperative prior to disconnect. **Member Initial:** \_\_\_\_\_
- I understand that if I need to make a payment after hours and only have cash, I will need to purchase a temporary debit card to apply the payment to my account. The payment can be made online at [www.lyrec.coop](http://www.lyrec.coop) or by phone at 1-833-619-0850.

- I understand if my prepay account is disconnected and is not reactivated within fifteen (15) days, my account will be considered inactive and a final bill will be mailed. I will no longer be eligible for prepay for 12 months. **Member Initial:** [REDACTED]
- I understand that any deposit fee previously paid by me to the cooperative will be applied to my outstanding balance at the commencement of participation in the Prepay Program. Any credit remaining after application of the deposit fee shall be applied to my prepay account balance.
- I understand that I must make a minimum payment of \$25.00 to establish a prepaid account after my balance is paid in full.
- I understand that I must make a minimum payment of \$25.00 to the account when submitting any payment.
- I understand electricity may be purchased online or by telephone 24 hours a day, or during normal business hours at the cooperative. If payment is made after the account has reached a zero balance, and service has been disconnected, service will be reconnected only after funds have been received and posted to the account. **Member Initial:** [REDACTED]
- I understand that prepaid accounts are not eligible for payment arrangements.
- I understand that if I apply for energy assistance, my prepay account will be credited once funds are received from the agency or charitable organization.
- I understand any returned or rejected payments will be immediately charged back to my prepay account, along with all associated fees. This may result in disconnection of my service without further notice. The cooperative also has the right to decline payment by check if I have 2 or more returned payments within a 12 month period. **Member Initial:** [REDACTED]
- I understand that if I, or a member of my household, rely upon medical equipment powered by electric energy, I am solely responsible for procuring alternate electric energy or timely re-establishing service from the cooperative by adhering to the terms and conditions set forth herein and in all applicable policies of the cooperative. **Member Initial:** [REDACTED]
- I understand that any existing balance on a prepay account at the time the account is closed shall be refunded to me.
- I understand I may withdraw from prepay at any time and convert to “traditional” status. If I choose to do so, I will pay any outstanding balance I owe, and I may be required to pay a security deposit consistent with the security deposit requirements established by the cooperative.
- I understand that any tampering with the cooperative’s equipment will result in one or more of the following: Immediate removal from prepay, disconnection of service, additional fees, possible legal action and legal fees associated therewith.
- The cooperative reserves the right to remove any member from the prepaid program at any time, without consent or notification. The cooperative reserves the right to modify or terminate this program at any time.
- I hereby release, discharge, covenant not to sue, and hold harmless, the cooperative, its agents, employees, representatives or assigns from all liability, claims, demands, losses, or damages caused in whole or in part by my participation in the prepay service. I understand there may be certain risks associated with my participation in prepay, and I assume any or all risks associated therewith.

*By signing this form, the member acknowledges that they have read and accept the terms and conditions of the Prepay Service Agreement.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date