



NEC Co-op Energy Residential Enrollment

Apply online: www.neccoopenenergy.com or by phone 1-855- 632-7348

Revised 02/13/2020

Welcome to NEC Co-op Energy! You have selected one of the most competitive and highest quality retail electricity providers in Texas. As our customer, you are also a member-owner of NEC Co-op Energy. This means you are an owner of the electric utility that serves you! NEC Co-op Energy is part of a not-for-profit organization, dedicated to giving you the best possible electric service at the most reasonable rates. Let us know if there is ever anything we can do to serve you better!

Follow these steps to become an NEC Co-op Energy member, or if already a member, to add a new service.

Step #1: Complete this three page form.

Step #2: Fax to (361) 387-2919, or

Mail to NEC Co-op Energy, 14353 Cooperative Ave., Robstown, TX 78380 or visit our office 5017 Saratoga Blvd. Unit 135 Corpus Christi, Texas 78413

Letter Of Authorization (LOA)

Applicant billing name: _____
 Applicant billing address: _____
 City, state, zip code: _____
 REP name and license number: Nueces Electric Cooperative Co-op Energy PUCT REP #10166X

If applicable, name of individual legally authorized to act for customer and relationship to applicant:

First Name	Last Name	Relationship	Phone Number
------------	-----------	--------------	--------------

Service Address To Be Enrolled

ESID#*	Service Address For ESI ID(s) (street, city, zip, county)	(Office use only)

*ESI #s can be retrieved from your wires company or on a previous electric bill: AEP customers call 1-877-373-4858; Centerpoint Energy customers call 1-800-332-7143; NEC wires area members 1-800-632-9288; Oncor customers call 1-888-313-6862; Texas New Mexico Power customers call 1-888-866-7456.

Initials ____ By initialing here, I acknowledge that I have read and understand the terms of service for the product for which I am enrolling.

Initials ____ By initialing here, I acknowledge that I understand that:

1. The price I am agreeing to is _____cents per kWh for the first billing cycle. (For current pricing call 1-855-632-7348 or visit www.necretail.com) Your price is based on the current Electricity Fact Label (EFL) 1,000 kWh pricing.
2. The term of service that I am agreeing to is variable, month-to-month.
3. I will be required to pay a deposit in the amount of \$ _____ in order to enroll.
4. I prefer to receive information from my REP in _____ English or _____ Spanish (select one).
5. There is a penalty for early cancellation of \$ 0.00 as specified by the terms of service.

Initials ____ By initialing here and signing below, I authorize NEC Co-op Energy to become my new retail electric provider and to act as my agent to perform the necessary tasks to establish my electric service account with NEC Co-op Energy. This authorization to establish or switch my provider of electric service extends to locations listed above.

I have read and understand this Letter of Authorization and the terms of service that describe the service I will be receiving. I am at least eighteen years of age and legally authorized to select or change retail electric providers for the service address(s) listed above.

Print Name: _____ **Sign Name:** _____ **Date:** _____

You have the right to review and, in the case of a switch request, rescind the terms of service within **three federal business days**, after receiving the terms of service, without penalty. You will receive a written copy of the terms of service document that will explain all the terms of the agreement and how to exercise the right of rescission before your electric service is switched to NEC Co-op Energy.

Type of Enrollment - (CHOOSE ONE)

Please note: Move-In or Switch will not be completed on weekends or holidays

- Moving:** I am moving into a new address or wanting electricity established under my name. I want service connected on _____ (date). Allow 1-7 business days for completion. A move-in fee from your power line company applies. *If your connection date is less than 3 working days away, then your power line company will charge a "Priority," connection fee.*
- Switch to NEC Co-op Energy:** I am switching electric providers. The switch will occur within 1-7 business days.
- Switch to NEC Co-op Energy Date Specific:** I am switching electric providers. I want the switch to occur on _____ (date) must be at least 5 business days from application date). An additional fee from your power line company will apply.

Critical Care Status

Do any of the service locations on this enrollment house someone dependent on life support equipment? YES NO
 (If yes, please contact your TDU for the application and requirements for designation of Critical Care Status)

Electric Reliability Council of Texas (ERCOT) Notification

ERCOT will send a notice to you in the mail advising of your impending switch of retail electric providers. This may delay your switch order; however, you may elect to waive this notification.

Waive Confirmation Notification from State? YES NO Notification Address (if different than billing address)

Account Setup Information

PRIMARY MEMBER INFORMATION			SPOUSE INFORMATION (must be legally married to primary member)		
First Name		Last Name	First Name		Last Name
Social Security Number		Date of Birth	Social Security Number		Date of Birth
Driver's License #	State Issued	Home Phone #	Driver's License #	State Issued	Home Phone #
Work Phone #		Cell Phone #	Work Phone #		Cell Phone #
Employer Name			Employer Name		
E-mail Address			E-mail Address		

Disconnect (s)

Any active accounts with NEC Co-op Energy to disconnect? YES NO If yes, please enter the following information:

Account #: _____ Disconnect date: _____

Service Address: _____

Forwarding Address: _____

New Member Referral Program

Did another member refer you to the Co-op?

Just list their name and account number below (both items are required) This information must be completed at the time of submitting this enrollment. No referral names are accepted after this form is submitted. See neccoopenergy.com for a complete copy of the rules.

Referring Member or Businesses Name: _____ Referring Member's Account #: _____

Proof of Satisfactory Credit

Read & Initial

_____ I understand that I must prove satisfactory credit through one of the following methods of my choosing:

(initials)

- (1) provide a satisfactory payment reference letter from a previous REP (within the last 2 years), that represents no more than ONE delinquent payment on my electric bills during 12 consecutive months and that service was not terminated or disconnected for non-payment, is not delinquent in payment of any such electric service account;
- (2) possess a satisfactory credit rating obtained through a consumer reporting agency, as defined by the Federal Trade Commission;
- (3) if applicant is 65 years of age or older, and not currently delinquent in payment of any electric service account;
- (4) if applicant has been determined to be a victim of family violence through the provision of a letter developed by the Texas Council on Family Violence from a family violence center or medical personnel;
- (5) the customer demonstrates medical indigence as defined in PUCT Substantive Rule §25.478(a)(3)(E); {only in NEC wires area} or
- (6) by other methods as defined in PUCT Substantive Rule §25.478. As well as NEC wires area service rules and regulations.

If satisfactory credit is not proven, I understand that I may be required to pay a deposit. If required, the deposit must be received by NEC Co-op Energy before an enrollment/switch by NEC Co-op Energy is processed. I understand that if I fail to comply with PUCT Substantive Rule §25.478, I may be denied service. I understand that any deposit will be retained, earning interest, by the cooperative until refunded according to the terms of service. I also understand that I may be required to pay a deposit if I am deemed now (or in the future) to be a credit risk to the Cooperative.

I wish to pay the deposit to start my services with NEC Co-op Energy Either I or my spouse is or has been a NEC member in the past.

Account # _____

Waive Your Deposit (CHOOSE ONE)

- | | | |
|---|--|--|
| <input type="checkbox"/> I authorize NEC to do a credit check to seek waiver of deposit (\$4 processing fee on first bill). | <input type="checkbox"/> I am submitting a letter of credit from my current / previous electric provider to be sent / faxed to NEC Co-op Energy. | <input type="checkbox"/> I am 65 years of age or older and have not been delinquent in my bill payments. I am submitting a copy of my most current electric bill as proof. |
|---|--|--|

NEC Membership Agreement

I hereby make an application for membership in NEC, subject to a \$15 MEMBERSHIP FEE (unless already a NEC member) and approval by the Board of Directors. I understand this agreement is subject to applicable provisions of the Bylaws of the Cooperative as they exist and any modifications thereto properly approved and authorized from time to time, I understand that: (i) the membership fee is refundable only upon termination of electric service provided that all debts and obligations have been paid; (ii) the membership fee may be placed in my membership account and that said account may also be used to facilitate distributions, if any; (iii) upon termination of electric service, the funds in my membership account shall normally be refunded if I am able to be located; (iv) the membership fee is non-transferable and that no interest shall be payable or accrue on the membership fee or other monies held in a member's capital account; and (v) my member capital account may be used to offset losses incurred by the Cooperative. I am aware of the Cooperative Bylaws and tariff (only applicable for NEC wires area and can be seen at www.nueceselectric.org) provisions and I agree to comply with and be bound by the Articles of Incorporation and Bylaws of the Cooperative and any rules and regulations adopted by the Board. I can view the Bylaws, Articles and rules at www.neccoenergy.com or tariff at www.nueceselectric.org or can request a written copy of them.

Print Name _____	Date _____
Sign Name _____	Promo code _____

DATA COLLECTION INFORMATION

As recipients of federal assistance, NEC is required to identify and document as accurately as possible the racial/ethnic data on the eligible population in our service area. We would appreciate you checking the appropriate group at right. Please note, your response to this section is optional. The information you provide will be used only for Federal Government Reporting Purposes.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American | <b style="text-decoration: underline;">Racial/Ethnic Group
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Other |
|---|--|

For NEC Personnel Use Only:

- | | | |
|---|--|--|
| <input type="checkbox"/> Membership Fee on file, acct # _____ .
<input type="checkbox"/> Credit Check Completed
<input type="checkbox"/> Letter of Credit Received | <input type="checkbox"/> Deposit Received
<input type="checkbox"/> Deposit Required | <input type="checkbox"/> Other Method to Establish Satisfactory Credit -describe: _____ |
|---|--|--|

NOTES: _____

Return enrollment application and LOA to:

Mail: 14353 Cooperative Avenue, Robstown, TX 78380 In Person: 5017 Saratoga Blvd. Unit 135 Corpus Christi, Texas 78413 ☎ FAX: (361) 387 -2919