

BLUE RIDGE MOUNTAIN EMC

WATER HEATER PROTECTION PROGRAM & PAYMENT AUTHORIZATION

Program participation requires a one-time \$10.00 sign up fee and a 3-year service agreement at \$1.99/month.

SERVICE AGREEMENT: Blue Ridge Mountain EMC will maintain my electric water heater in operating condition by repair or replacement of the water heater or water heater components but shall not be responsible for indirect, unforeseen or consequential damage. I agree to supply access to the water heater and reasonable working area. I may stop this service agreement at any time before maintenance work has been done at my home at no cost. After a water heater has been installed or my existing unit has been repaired, I may cancel this agreement by paying the cost of the labor and materials used in the replacement or repair.

Name _____ Acct # _____ - _____

Service Address _____

Mailing Address _____

Home Phone # _____ Alternate Phone # _____

WATER HEATER INFORMATION:

(Water heaters smaller than 30 gallons, larger than 50 gallons, gas, cabinet models, instant/tankless and table top (square) models DO NOT qualify for the Water Heater Protection Program)

Number of water heaters you would like to cover _____

Size: 30 _____ Type: Dual Element _____
40 _____ Low Boy _____
50 _____ Don't Know _____

How old is your water heater? _____ Water cut-off location _____

Is your water heater in working condition now (both elements, tank not leaking, etc)? Yes _____ No _____

Where is the water heater located in your home? _____

AUTHORIZATION:

I hereby authorize Blue Ridge Mountain EMC to include as a part of my electric bill at the account listed above a one-time set up charge of \$10.00 and a monthly fee of **\$1.99 per water heater** thereafter for 36 months. **This agreement and authorization will continue in effect after the 36 month period until cancelled in writing by either party. I understand there is a 30-day waiting period from the time I join until Blue Ridge Mountain EMC will be responsible for my water heater.**

Signature: _____ Date: _____

SIGN UP FEE: Place X in the appropriate box below:

() Add to my electric bill PAID IN FULL: () Cash () Check /Check No. _____
() Sign up Fee Only () Credit Card

If we can be of any assistance, please call 706-379-3121 or 800-292-6456

Return form to: BRMEMC, PO Box 9, Young Harris, GA 30582