

## Automatic Payment Options *(Select only one below.)*

The only thing easier or more convenient than these payment options is signing up for them. Just check your desired options below, complete any required information and then sign and return the form. *All account information will remain confidential.*

Automatic Bank Draft		Type of bank account:	Checking	Savings						
Name as it appears on bank account:		Customer Contract Number:								
<input type="text"/>		<input type="text"/>								
<p><b>NOTE:</b> Your Clearway Contract Number can be found on your Clearway Community Solar invoice on the top right, or by logging into your customer portal at <a href="http://www.my-clearway.com">www.my-clearway.com</a>. You can also contact Customer Care at (855) 712-7508 or <a href="mailto:billing@clearwaysupport.com">billing@clearwaysupport.com</a>.</p> <p><b>Complete the information and attach a voided check before returning this form.</b> Please allow 30 days to process. In the interim, you should continue to pay all invoices until you receive one marked "Do Not Pay". Once your automatic payment option is established, you will continue to receive monthly invoices marked "Do Not Pay" for your records.</p>										
Name of banking institution:		<div style="border: 1px solid black; padding: 5px;"> <p>Bottom of standard check or deposit slip.</p> <table> <tr> <td>↓ Routing # ↓ (9 digits)</td> <td>↓ Account # ↓</td> <td>↓ Check # ↓</td> </tr> <tr> <td>↓ 23456789 ↓</td> <td>98765432 ↓</td> <td>0 ↓ 0 ↓</td> </tr> </table> </div>			↓ Routing # ↓ (9 digits)	↓ Account # ↓	↓ Check # ↓	↓ 23456789 ↓	98765432 ↓	0 ↓ 0 ↓
↓ Routing # ↓ (9 digits)	↓ Account # ↓				↓ Check # ↓					
↓ 23456789 ↓	98765432 ↓				0 ↓ 0 ↓					
Routing number:	Bank account number:									
<input type="text"/>	<input type="text"/>									
I have read and understand the terms found on the back of this form.										
Signature:		Date:								
<input type="text"/>		<input type="text"/>								
Daytime phone number:	Evening phone number:									
<input type="text"/>	<input type="text"/>									

Automatic Credit Card Payment			Visa	Mastercard
Name on card		Customer Agreement ID:		
<input type="text"/>		<input type="text"/>		
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Card number:	Expiration date	CVV/Security Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Cardholder billing address:	City	State	Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
We accept <b>Visa or MasterCard</b> . Please allow 10 days to process. In the interim, you should continue to pay all invoices until you receive one marked "Do Not Pay".				
I have read and understand the terms found on the back of this form. I authorize Clearway Community Solar to charge my monthly Clearway Community Solar invoice to my credit card for the amount of my monthly invoice.				
Signature:		Date:		
<input type="text"/>		<input type="text"/>		

## Automatic Payment Options – Terms and Conditions

To be eligible for an automatic payment option, your account must be in good standing and you may not have two or more returned payments during the past twelve-month period. If your account is eligible, you will be enrolled on the automatic payment plan of your choice following the next full billing cycle after Clearway Community Solar LLC (hereinafter referred to as "Clearway CS") processes your request. You will continue to receive a copy of your monthly invoice for your records, but once you are set up for automatic payments, your bill will be marked "Do Not Pay". Clearway CS may terminate your participation under any automatic payment options in the event you provide incorrect, false or fraudulent account information or if you have more than one returned payment item on your account. Additionally, after your first returned payment item, your automatic payment plan will be temporarily deactivated and may only be reactivated upon your verification of your payment account information. Once you have more than one returned payment, your account may be ineligible for reactivation on automatic payment options for up to twelve months. Your bank account and credit card account information will be used only for the purposes of setting up your account for automatic monthly payments and Clearway CS will keep your account information confidential.

You also understand that this authorization to pay your Clearway CS account identified above by recurring charges

or debits is entirely optional and is not required to obtain or maintain your account with Clearway CS. The origination of ACH transactions to your checking or savings account must comply with the provisions of U.S. law. You also understand that you are not waiving any rights under the Electronic Funds Transfer Act to stop payments by directly contacting the financial institution where you have the checking or savings account you specified above, and that your exercise of such rights does not constitute a breach of this authorization.

**You understand and authorize Clearway CS to charge any debit or credit cards provided at any time until successful for all delinquent amounts owed to Clearway CS, as permitted by applicable law. You agree that Clearway CS may obtain updated information from card networks, issuers or other third party sources. You also understand that you may incur overdraft fees from your financial institution, if applicable. IF YOU PAY YOUR BILL AFTER IT IS DUE, YOUR CLEARWAY CS ACCOUNT MAY INCUR LATE FEES AS SET FORTH IN YOUR CONTRACT AND/OR IN THE CLEARWAY CS TERMS AND CONDITIONS.**

*\* Visa is a trademark of Visa, Inc. Mastercard is a trademark of Mastercard International Inc. Clearway Community Solar is not affiliated with Visa, Mastercard, or any of the programs or promotions of these entities.*

## Automatic Payment Authorization

By providing my bank account or credit card account information to Clearway CS and signing in the space provided, I hereby authorize Clearway CS to charge or debit my account in the amount of my monthly invoice on a recurring basis. For credit card payments, I authorize Clearway CS to keep my signature on file as a record of my authorization to charge my credit card account. I understand that any previous balances due will be withdrawn or charged to my account along with my first invoice on the initial draft date. I understand that debits to my checking or savings account will be made on the due date appearing on my invoice, unless such date is a Saturday,

Sunday or other bank holiday, in which case Clearway CS will debit my account or charge my card on the next banking day. I understand that my Clearway CS monthly invoice together with this authorization form will be notice of the amount and the date of each withdrawal from my bank account or charged to my credit card. I also understand that I may cancel my automatic payment option by providing written notice to Clearway CS at least 10 business days advance prior to the next scheduled automatic payment date. I also agree to notify Clearway CS if there are any changes to my bank or credit card account information.