



**Direct
Energy**
Business

Texas Shut Off Power Form

We received your recent request to shut off power at your location in the state of Texas. In order for us to complete this, we need you to confirm that you have read and understand the following by writing your initials next to each statement and complete the form:

____ Pursuant to the terms of my energy service agreement with Direct Energy Business, I understand that I may incur Actual Damages (i.e. a cancellation fee) as a result of terminating my agreement prior to the end of its term.

____ I confirm that the account(s) listed below is/are not moving to a new supplier. **If you have selected another supplier, do not complete this form.** Instead, contact your new supplier to initiate the switch process.¹

____ I understand that if my "Requested Date to Shut Off Power" is in the past, per the Public Utilities Commission of Texas (PUCT), Direct Energy Business is required to send notification to the site advising that power will be shut off.^{1,2}

____ I confirm that my business is not being sold to another owner/business, with the intent of assigning the contract to the new owner. **If you are assigning the contract to the new owner, do not complete this form.** Instead, contact us for information on the assignment and assumption process.

____ I confirm that my business is not relocating within my current utility territory. **If you are relocating to another address within your current utility area, do not complete this form.** Contact us for information on the relocation process.

____ I understand that it is my responsibility to directly inform my local utility of any special instructions on accessing the meter, such as the meter location, the access code to a building, setting up a time to access the meter, etc. Direct Energy Business will not be held liable for any delay due to the inability of the local utility to access the meter.

Please complete **all fields below** so that we may quickly process your shut-off request.

Contact Information		Final Billing Address Information	
Legal Entity Name	AARON'S, INC.	Company Name	AARON'S, INC.
Contact Name	Winnie Buchanan	Street Address	PO BOX 5651
Title	N/A	City	Bismarck
Phone	678-402-3121	State	ND
Fax	N/A	Zip	58506
Email	FacilitiesTeam@aarons.com		
Request to Shut Off Power (Actual date of shut-off will be determined by your local utility.)			
Date to shut off power ²	ESI ID#	Billing Account Number	Meter Removal Required? (yes/no) ³
ASAP	1008901001900155530108	1339593	NO
If you are requesting to shut off power for more than three (3) accounts, use additional table on the reverse side of this sheet. However please note that all accounts must have the same final billing information. Check box if additional accounts are listed on reverse side. <input type="checkbox"/>			
By signing and returning this form, I am requesting that my power be shut off for the account number(s) listed above.			
Authorized signature	<i>Winnie Buchanan</i>	Printed name	Winnie Buchanan
Title	Dir of Facilities	Today's date	5/23/18

Return this completed form to Customer Relations at:
CustomerRelations@directenergy.com
or via fax to 866.421.0257

[illegible]

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¹ Actual Damages charges may apply as a result of terminating my agreement prior to the end of its term.

² If the requested date to shut off power is in the past, then the request can take up to 30 business days. Otherwise, the process takes approximately seven business days to complete.

³ Meter removal only covers removal of the meter. For removal of wiring, poles, etc., contact your local utility.