

AUTOMATIC PAYMENT AUTHORIZATION

(Checking or Savings Account)

Return this form by mail to Clearway Community Solar. Attn: Remittance Processing. P.O. Box 3528, Houston, TX 77253-3528. You can also enroll on-line at www.my-clearway.com.

Once submitted look for the message "Do Not Pay - Account Will Be Drafted" in the remittance stub area of your monthly invoice to confirm you have been successfully enrolled in Automatic Payment..

Automatic Payment - Bank Draft	All account information will remain confidentia		
	Type of bank account:	☐ Checking	☐ Saving
Name at it appears on bank account:			
Customer Agreement ID:			
your Customer Agreement, or by contacting Custom Complete the information and attach a voided check before Interim, you should continue to pay all invoice until you receive monthly invoice.	e returning this form. Please alloceive one marked "Do Not Pay." (w 30 days to process Once your automatic	. In the
Name of the banking institution:			
Name of the banking institution: Routing number:		_	
		_	
Routing number:	d on the back of this form		
Routing number: Bank account number:	d on the back of this form Date:		

Thank you! Return this completed form to Clearway Community Solar, Attn: Remittance Processing P.O. Box 2528, Houston, TX 77253-3528. If you have any questions, email us at customersupport@clearwayenergy.com or call us at (855) 712-7508.

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 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 automatic payment options for up to twelve months. Your bank account information will be used only for the purpose of setting up to your account for automatic monthly payments and Clearway CS will keep your account information confidential.

Automatic Payment Authorization

By providing by bank account information to Clearway CS and signing in the space provided, I hereby authorize Clearway CS to charge my account in the amount of my monthly invoice. I understand that any previous balances due will be withdrawn or charged to account along with my first invoice on the initial draft date. I understand that debits to my checking 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 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. 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 schedule automatic payment date. I also agree to notify Clearway CS if there are any changes to my bank account information.