

DEFAULT NOTICE

FOR DEFAULT OF SHUT-OFF PROTECTION PLAN PAYMENT

Name
Street
City, State ZIP Code

Account Number: XXXX XXXX XXXX

Date: 06/26/15

Past Due: \$413.00

The full amount of your Shut-off Protection Plan payment has not been received. \$413.00 due 06/18/2015 is still owed.

If your payment does not post to your account by 07/05/2015, you will be removed from the program. You may not be eligible for any further payment arrangements. Should this happen, all arrearage on the account will become due and energy service will be disconnected if these arrearages remain unpaid.

FOR BILL INFORMATION OR ASSISTANCE, PLEASE CALL 1-800-371-9811

YOUR ACCOUNT NUMBER OR SERVICE ADDRESS SHOULD BE USED WHEN CALLING OR WRITING US.

ACCOUNT NUMBER

SERVICE ADDRESS

The disconnection of your service may be done remotely; a utility representative may not return to the premises before disconnection.

EFFECTIVE APRIL 2013, Consumers Energy field employees will no longer accept payments at your home or business to prevent disconnection of service, or for restoration of service. To avoid future interruption of service because of non-payment of your utility bill, please pay your minimum shut-off notice amount in full before the disconnect date listed here.

Our address is : CONSUMERS ENERGY, PO BOX 740309, CINCINNATI, OH 45274-0309

As a utility customer, you have the following rights in accordance with the Michigan Public Service Commission Billing Practice Rules:

1. To **file a complaint** prior to the scheduled date of shut-off disputing the past due amount for your utility service.
2. To **request a hearing** before a utility hearing officer if a complaint cannot be otherwise resolved. The portion of the bill not in dispute must be paid to the utility within seven (7) business days after the hearing is requested.
3. To **represent yourself** or to be represented by counsel or other person of your choice during the complaint process.
4. To have shut-off of service postponed if you have applied for economic assistance from a government funded agency, if a certified medical emergency exists or if you or your spouse are on active military duty.

Service will not be shut off pending resolution of a complaint filed with the utility in accordance with these rules.

A social service agency should be contacted if you believe you might be eligible for emergency assistance.

For an accounting of your current gas and/or electric charges, to discuss retaining one service, to make an inquiry or to file a complaint, contact Consumers Energy before the due date. The address and telephone number appear on this notice.

SHOULD YOUR ENERGY SERVICE BE SHUT OFF, PLEASE CALL US FOR RESTORATION

IF WE MUST COLLECT MONEY TO RECONNECT YOUR ENERGY SERVICE, WE WILL ONLY ACCEPT A CHECK OR MONEY ORDER. CASH WILL NOT BE ACCEPTED.

SECURITY DEPOSIT AND RECONNECTION POLICY

Customers shut off for nonpayment may be required to pay a security deposit and a restoration charge as a condition of reconnection. Additional security deposit amounts may be required if service is again shut off for nonpayment.

Should this amount remain unpaid your credit rating will be affected.

As part of allowing Consumers Energy to serve your utility needs and collect any amounts owed, we (meaning Consumers Energy and all of its related corporate entities, agents, servicers, debt collectors, independent contractors and assigns) may contact you by telephone (including use of a dialer, automatic telephone dialing system, and/or interactive voice recognition system) at any telephone number associated with your account (whether provided by you or obtained by us), including wireless telephone numbers, which could result in charges to you.

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PLEASE ALLOW FIVE (5) DAYS FOR YOUR PAYMENT TO REACH US.

Pay today with VISA, MasterCard or by personal check at (866) 329-9593. A convenience fee will be added. For a no cost payment visit us at www.ConsumersEnergy.com to pay with a checking or savings account.

WHEN PAYING THIS NOTICE, BE SURE TO CALL 1-800-371-9811 TO ALERT THE COMPANY TO AVOID REMOVAL FROM THE SHUTOFF PROTECTION PLAN.

Name
Street
City, State ZIP Code

Account Number: XXXX XXXX XXXX

Date: 06/26/15 Enclosed:

Past Due: \$413.00