

PUBLIC SERVICE COMPANY OF NEW MEXICA 39 JAN 2 | PM 3: 53

1ST REVISED SAMPLE FORM NO. 74 CANCELING ORIGINAL SAMPLE FORM NO. 74

MEDICAL CERTIFICATE PAYMENT ARRANGEMENT

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Please see attached Medical Certificate Payment Arrangement.

X

EFFECTIVE

JAN 30 2009

REPLACED BY NMPRC BY F10 08-00078-UT Advice Notice No. 362

Directory, Regulatory Policy & Case Management

GCG #499949

MEDICAL CERTIFICATE PAYMENT ARRANGEMENT

ACCOUNT NUMBER	Today	Date	_	
EMPLOYEE NAME PHONE NUMBER	The following payment arrangement has been entered into your account.			
THORE NOMBER				
PUBLIC SERVICE COMPANY OF NEW MEXICO	This account will be paid as indicated below. NUMBER OF AMOUNT OF DATE OF 1ST ANOUNT NUMBER OF AMOUNT OF DATE OF 1ST			
FUBLIC SERVICE COMPANT OF NEW MEXICO	AMOUNT	NUMBER OF INSTALLMENTS	INSTALLMENTS	DATE OF 1ST PAYMENT
CUSTOMER NAME	\$		\$	
COSTONIEN INVINE				
MAILING ADDRESS	Important Notic		pased on the Co	moony having
MAILING ADDRESS			ncial Certificates.	
CITY STATE ZIP	either Certificate expires and is not replaced or if the payments se			e payments set
CITY STATE ZIP			, this arrangemen	
V			notice, discontinu account is paid or	
XSIGNATURE	arrangements ar		account to paid of	
·	•			PNM 3602-B 11/01
MEDICAL CERTIFICA	ATE DAVIMENT A		ıT	
WEDICAL CERTIFICA			11	
ACCOUNT NUMBER	Today	Doto		
			nt has been entere	ed into your
EMPLOYEE NAME PHONE NUMBER	account.			•
	☐ This account will	be paid as indica	ted below.	
PUBLIC SERVICE COMPANY OF NEW MEXICO	AMOUNT	NUMBER OF INSTALLMENTS	AMOUNT OF INSTALLMENTS	DATE OF 1ST PAYMENT
CUSTOMER NAME	\$		\$	
MAILING ADDRESS	Important Notic		pased on the Co	mnany having
Whiteha Abbates			ncial Certificates.	
CITY STATE ZIP			ot replaced or if the	
STATE ZIF	forth above are not timely made, this arrangement shall become void and the Company may, upon notice, discontinue utility service			
X			account is paid or	
SIGNATURE	arrangements are made. PNM 3602-B 11/01			
				PNW 3002-B 11701
MEDICAL CERTIFICA	ATE PAYMENT A	RRANGEMEN	IT	
	AILI AIMENI A	MOLINE	• •	
ACCOUNT NUMBER	Today	Date		
		yment arrangeme	nt has been entere	ed into your
EMPLOYEE NAME PHONE NUMBER	account.			
	☐ This account will	be paid as indica	ted below.	
PUBLIC SERVICE COMPANY OF NEW MEXICO	AMOUNT	NUMBER OF INSTALLMENTS	AMOUNT OF INSTALLMENTS	DATE OF 1ST PAYMENT
	•		\$	
CUSTOMER NAME	30		· ·	
	\$			
	Important Notic	e		
MAILING ADDRESS	Important Notic	arrangement is I	based on the Co	
MAILING ADDRESS	Important Notic This payment a received valid N	arrangement is I Medical and Fina	ncial Certificates.	In the event
MAILING ADDRESS CITY STATE ZIP	Important Notice This payment a received valid Notice either Certificate	arrangement is I Medical and Fina expires and is no	ncial Certificates. ot replaced or if the	In the event e payments set
	Important Notice This payment a received valid Notice either Certificate forth above are	arrangement is I Medical and Fina expires and is no not timely made	ncial Certificates.	In the event e payments set t shall become
	Important Notice This payment a received valid Notice either Certificate forth above are void and the Cortice either Eith	arrangement is I Medical and Fina expires and is no not timely made mpany may, upor nount due on the	incial Certificates. ot replaced or if the , this arrangemen	In the event e payments set t shall become the utility service