

#Mdate

#MName

#c/oName

#MAddr1

#MAddr2

#MAddr3

Dear #SName:

Thank you for your interest in our Group Bill service. Group Billing allows your business or organization a way to efficiently consolidate all of your monthly energy bills into a single statement.

Please take a moment to read the enclosed Group Bill brochure and enrollment form. We think that you will agree that Group Bill is a convenient way to streamline your energy payment process.

To begin receiving the time-saving benefits of Group Bill, please complete the enclosed enrollment form and return it to us in the postage-paid envelope or fax it to us at 414-221-3214. You can also find information and enroll online at www.We-Energies.com.

If you have any questions regarding the Group Bill service, please call our Business Division at 1-800-714-7777 to speak to one of our business representatives.

Sincerely,

Lisa Fox

Lisa Fox
Billing & Payment Product Manager

Enclosure

1155e

Group Bill Program – Michigan Customers

The Michigan Public Service Commission rules regulating the billing practices of Michigan electric utilities permit each residential, commercial and industrial customer at least 17 calendar days from the date the bill is rendered to pay the bill in full. A customer enrolled in Group Bill voluntarily pays the bill in full within 15 days after a bill is rendered.

I understand that my signature below indicates that I am aware of my right to have 17 days to pay my bill and I waive this right in order to participate in the Group Bill program. I understand that the program is voluntary and I agree to pay the Group Bill in full within 15 days after the bill is rendered. I understand that failure to pay the bill in full, 15 days after the bill is rendered, may result in removal from the Group Bill program.

I recognize that if I am removed from the program, an individual bill will be rendered for each account in accordance with the rules and regulations of the Company then in effect.

Customer Name

By _____
Authorized Representative

Title _____

Date _____