

**PUBLIC SERVICE COMPANY OF NEW MEXICO
ELECTRIC SERVICES**

2009 JAN 21 PM 3:53

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

MEDICAL CERTIFICATE PAYMENT ARRANGEMENT

Page 1 of 1

Please see attached Medical Certificate Payment Arrangement.

X

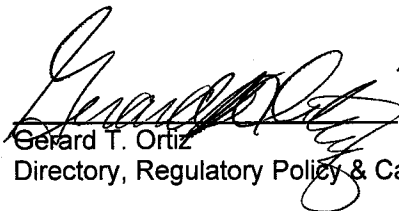
EFFECTIVE

JAN 30 2009

REPLACED BY NMPRC

BY F10 08-00078-UT

Advice Notice No. 362



Gerard T. Ortiz
Directory, Regulatory Policy & Case Management

MEDICAL CERTIFICATE PAYMENT ARRANGEMENT

ACCOUNT NUMBER	
EMPLOYEE NAME	PHONE NUMBER

PUBLIC SERVICE COMPANY OF NEW MEXICO

CUSTOMER NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

X _____
SIGNATURE

Today _____
Date

The following payment arrangement has been entered into your account.

This account will be paid as indicated below.

AMOUNT	NUMBER OF INSTALLMENTS	AMOUNT OF INSTALLMENTS	DATE OF 1ST PAYMENT
\$ _____	_____	\$ _____	_____

Important Notice

This payment arrangement is based on the Company having received valid Medical and Financial Certificates. In the event either Certificate expires and is not replaced or if the payments set forth above are not timely made, this arrangement shall become void and the Company may, upon notice, discontinue utility service unless the full amount due on the account is paid or other payment arrangements are made.

PNM 3602-B 11/01

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