

Rebate Reassignment Form



Payment Release Authorization:

Complete this form **ONLY** if rebate payment is to be paid to an entity other than the account holder.

I am authorizing the payment of the rebate to the third party named below, and I understand that I will not be receiving the rebate payment. I also understand that my release of the payment to a third party does not exempt me from the program requirements outlined in the Measure Specifications and Terms and Conditions.

Rebate Distribution:

Expected Rebate:	Account Holder Amount Verification:	Payee (Name):
Total \$:	Initial Here:	

Authorized By:

Account Holder:	Account Number:	
Premise Address:		
City:	State:	ZIP:
Email (needed to provide rebate progress updates):		
Account Holder Signature:		Date:

Check Should Be Made Payable To:

Payee:		
Mailing Address:		
City:	State:	Account ZIP:
Email:	Contact Phone Number () -	
Payee Signature:		Date:

Please include this form when uploading the support documents for a rebate application.

For questions, please call:

DTE Energy
Customer Service
Toll-free **866.796.0512**

Please submit this completed application to:

DTE Energy - Energy Efficiency Programs
980 Beaver Creek Drive
Martinsville, VA 24112

Or email:

DTE-Rebate@icf.com