

**RESIDENTIAL HEATING, COOLING AND WATER HEATING PROGRAM**  
**REBATE REASSIGNMENT FORM**



| <b>Payment Release Authorization</b>   |                                  |       |
|--|----------------------------------|-------|
| <p><b>Complete this section ONLY if incentive payment is to be paid to a person or entity other than the account holder.</b></p> <p>I am authorizing the payment of the incentive to the third party named below, and I understand that I will not be receiving the incentive 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, Final Application Agreement, and Terms and Conditions.</p> |                                  |       |
| Authorized by (print name):  |                                  |       |
| Customer Signature:  |                                  | Date: |
| Account Holder:  | Consumers Energy Account Number: |       |
| Check should be made payable to:   |                                  |       |
| Payee:   |                                  |       |
| Mailing Address:   |                                  |       |
| City:  | State:                           | ZIP:  |
| Email:<br><small>(to receive rebate updates on the status of your rebate) PLEASE PRINT CLEARLY</small>   |                                  |       |
| Contact Phone Number/Extension:  | Payee Signature:                 |       |
| _____ - _____ - _____ / _____  |                                  |       |

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

**For questions, please call:**

Consumers Energy  
 Heating, Cooling and Water Heating Program  
 866-234-0445