

# Rebate Reassignment Form



## Payment Release Authorization

**Complete this section ONLY if incentive payment is to be paid to a person or entity other than the account holder.**

I am authorizing the payment of \$\_\_\_\_\_ \* 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 Terms and Conditions.

**Authorized by** (Please Print Clearly):

Account Holder:		
Account Number:		
Premise Address:		
City:	State:	ZIP:
Account Holder Signature:		Date:

**Check should be made payable to** (Please Print Clearly):

Payee:		
Mailing Address:		
City:	State:	ZIP:
Contact Phone Number: _____-_____-_____	Payee Signature:	

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

**Note for Contractors: When utilizing rebate reassignment, you must list the rebate value on the customer's invoice as a line item.**

**For questions, please call:**

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

\*Must match incentive amount.