

RESIDENTIAL HEATING, COOLING AND WATER HEATING PROGRAM 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.

