

# 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:<br>_____-_____-_____ | 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.