

# INSULATION AND WINDOWS PROGRAM 2018 REBATE REASSIGNMENT FORM



## Payment Release Authorization

**Complete this section ONLY if rebate check is to be made payable to a person or entity other than the account holder.**

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.

Authorized by:

Account Holder:

Print Name:

Date:

Consumers Energy Account Number:

Customer Signature:

Rebate Amount Reassigned:

Check should be made payable to:

Payee:

Mailing Address:

City:

State:

ZIP:

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  
Insulation and Windows Program  
Customer Service  
Toll-free at 866-234-0445