

INSULATION AND WINDOWS PROGRAM REBATE REASSIGNMENT FORM



Payment Release Authorization		
<p>Complete this section ONLY if incentive payment is to be paid to a person or entity other than the account holder.</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):		
Account Holder:	Print Name:	
Customer Signature:	Date:	
Rebate Amount Reassigned:	Consumers Energy Account Number:	
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
866-234-0445

