

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 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 (print name):

Customer Signature:

Date:

Account Holder:

Consumers Energy Account Number:

Check should be made payable to:

Payee:

Mailing Address:

City:

State:

ZIP:

Email (to receive rebate updates
on the status of your rebate):

PLEASE PRINT CLEARLY

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
Heating, Cooling and Water Heating Program
Customer Service
Toll-free at 866-234-0445