Efficiency United Energy Waste Reduction Residential Rebate Program

REBATE REASSIGNMENT FORM

Payment Release Authorization

Complete this section ONLY if rebate payment is to be paid to a person or entity other than the account holder.

I am authorizing the payment of the rebate to the third party named below, and I understand that I will not be receiving the rebate 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.

Account Holder Name:	Efficiency United Account Number:	
Customer Signature: _____		Date: _____-_____-_____

Payment Recipient

Payee Name:		
Mailing Address:		
City:	State:	ZIP:
Email:		
Contact Phone Number/Extension: _____-_____-_____ / _____	Payee Signature: _____	

Please include this form when uploading the supporting documents for a rebate application.

For questions, contact:

Efficiency United's Energy Waste Reduction Program
877.367.3191
myrebate@efficiencyunited.com