

Rebate Reassignment Form

Payment Release Authorization

Complete this form **ONLY** if rebate payment is to be paid to an 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 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:		
Payee Signature:		Date:

Please include this form when uploading the support documents for a rebate application. Please note: When requesting rebate reassignment, you must list the rebate value on the customer's invoice as a line item.

For questions, please call:

DTE Energy

Customer Service

866.796.0512

Please submit this completed application to:

EEI C/O RServices

1902 Reston Metro Plaza

Reston, VA 20190

Or email:

DTE-Rebate@icf.com