

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:	SEMCO ENERGY Gas Company 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 support documents for a rebate application.

For questions, please contact:

SEMCO ENERGY Waste Reduction Program
 855.298.5387
 myrebate@semcoewr.com