

# Ameren Missouri Energy Efficiency Programs

## Rebate Reassignment Form

### Payment Release Authorization:

Complete this form ONLY if rebate is to be paid by an entity other than the customer who purchased and installed the system at a residence.

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 applicable program requirements. Applications must be received by December 15, 2021.

### Rebate Distribution:

Anticipated Rebate	Account Holder Amount Verification
Total \$:	Initial Here:
Program: <input type="checkbox"/> Heating and Cooling <input type="checkbox"/> Natural Gas Efficiency	

### Authorized by:

Account Holder Name:	Ameren Missouri Account Number:	Date:
Premise Address:		
City:	State:	ZIP Code:
Account Holder Signature:		

### Check Should Be Made Payable to:

Payee:		
Mailing Address:		
City:	State:	ZIP Code:
Contact Phone Number/Extension: (       )       -       /	Payee Signature:	

**Please include this form when submitting supporting documentation for a rebate application.**

Some restrictions may apply. Offer applies only to qualifying purchases. Visit [AmerenMissouriSavings.com/hvac](http://AmerenMissouriSavings.com/hvac) for full program details.

