

Customer Efficiency Program  
**Third-Party Payment Authorization**



**Customer Information**

Applicant Name	Account Number	Schedule
Address	City	State Zip
Contact Name	Title	
Phone	Fax	
Tax Status	Federal Tax ID Number	

**Third-Party Payment Information**

Name of Third Party	Contact Name	Title
Mailing Address	City	State Zip
Phone	Fax	
Tax Status	Federal Tax ID Number	

Applicant Name	Applicant Signature	Date
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**Third-Party Payment:** Third-party payments are possible. If the incentive check is made payable to a third-party, the third-party payment information section must be completed above. While the applicant acknowledges that they will not receive the check for the project, the terms and conditions of the Custom Efficiency Program Agreement still apply.