

WASHINGTON GAS MARYLAND ENERGY SAVINGS PROGRAM

PAYMENT RELEASE AUTHORIZATION FORM

Complete this form **ONLY** if the rebate payment is to be paid to a party other than the account holder. If payment is released to installing contractor, rebate must be shown as a credit on the customer invoice.

CUSTOMER INFORMATION

Business Name:														
Washington Gas Account Number:														
Installation Address:	Street:													
	City:						State:	MD	ZIP:					
Point of contact (first & last name):														
Business Phone:				Email:										

PAYEE INFORMATION

Check Made Payable to (Contractor/Company/Individual):			Point of contact (first & last name):			
Contact Phone:			Contact Email:			
Mailing Address:						
City:			State:		ZIP:	

ACCOUNT HOLDER AUTHORIZATION

I, the Washington Gas Account Holder, authorize the payment of the rebate to the third party named above. I understand that I will not be receiving the rebate payment. I also understand that my release to a third party does not exempt me from the program requirements outlined in the terms and conditions.

Customer Signature:				Date Signed:	
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