



Q # Assignment of Funds Agreement

Customer Member Information:

Account Number: _____
Member Name: _____
Installation Address: _____
City: _____
Zip: _____
Estimated Rebate Amount: _____

Rebate Payable To:

Name: _____
Mailing Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Email: _____

By signing below, payee certifies that the installation was completed according to LEC specifications. Payee understands that they are responsible for meeting all program standards, and that payment is not due until program standards are met.

Payee Signature: _____ Date: _____

This rebate is to be paid directly to the above person or company after completion of installation, inspection by LEC and all necessary documents and forms have been supplied.

Member Signature: _____ Date: _____