

## **Third Party Payment Authorization Form**

Complete this section ONLY if the UGI Electric customer listed on application is NOT the payee.

I authorize the payment of the incentive to the third party named below and understand that I will not receive the incentive payment from UGI Electric Utilities. 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, Terms and Conditions, and Final Payment Agreement. Note, the Final Application must include a signed W9 for the third party.

Payment Incentive to:				
Attention:				
	First Name	L	ast Name	
Mailing Address:				
	Street Address			
	City	State	ZIP	
Customer Utility Account Number:				
Customer Company Name:				
Service Location Address:				
Authorized By (Customer Printed Name)				
Authorized By (Customer Signature)			Date:	