

PAYEE DESIGNATION FORM

Complete this form ONLY if an incentive payment is to be paid to a person, entity or name other than the name associated with the Entergy Mississippi account.

Appliance: ☐ Air purifier ☐ Clothes dryer ☐ Clothes washer ☐ Dehumidifier
☐ Heat pump water heater ☐ Refrigerator ☐ Room air conditioner ☐ Smart thermostat

Incentive payment release authorized by:

Account holder name: _____ Date: _____

Entergy account number: _____ Account holder signature: _____

By signing above, I am authorizing the payment of the incentive to the third party named below, and I understand that I will not be receiving the incentive payment. I also understand that my release of the payment to a third party does not exempt me from the program requirements outlined in the program Terms and Conditions.

Incentive check should be made payable to:

Payee name: _____

Mailing address: _____ City: _____ State: _____ Zip code: _____

Phone number: _____ Payee signature: _____

Please include this form when uploading the support documents for an incentive application.

For questions, please contact:

Entergy Mississippi Residential Appliances Program

Call: 844-523-9980

Email: emlappliance@icf.com

Web: entergysolutionsms.com/appliances