

**PAYMENT RELEASE AUTHORIZATION FORM (OPTIONAL)**

Complete this form **ONLY** if the incentive payment is to be paid to an entity other than the Ameren Illinois customer of record, listed in the "Customer Information" section of this application.

I am authorizing the payment of the incentive to the third party named below - I understand that I will not be receiving the incentive payment from Ameren Illinois. I also understand that my release of the payment to a third party does not exempt me from the program requirements specified in this application and outlined in the Terms and Conditions.

**Authorized By:**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name (Ameren Illinois Customer)

Date (mm/dd/yy) - include "-" or "/"

\_\_\_\_\_

Print/type Name

Customer Signature (This form must be printed, and signed by hand to be valid. )

**CHECK SHOULD BE MADE PAYABLE TO:**

Payee (Company/Individual Name):		_____	
Mailing Address:	_____	City:	_____
State:	_____	Zip Code:	_____
Contact Person	_____	E-mail Address:	_____
Telephone:	_____	Fax:	_____
Tax ID (SSN/FEIN):	_____	Tax Status:	_____
		<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
		<input type="checkbox"/> Corporation	<input type="checkbox"/> Exempt

**Mail/Fax/E-mail Incentive Application and Payment Request to:**

Ameren Illinois, ActOnEnergy Business Program

300 Liberty Street, Peoria, IL 61602 • Fax: 1.309.677.7950 • ActOnEnergyProjects@Ameren.com

**Questions:** call toll free: 1.866.800.0747 • ActOnEnergyBusiness@Ameren.com • ActOnEnergy.com