



P.O. Box 2750 Durango, CO 81302-2750
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LPEA Rebate Reassignment Form

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.

Authorized by:

| | | |
|--------------------------|-------|------|
| Account Holder | | |
| LPEA Account Number | | |
| Service Address | | |
| City | State | Zip |
| Account Holder Signature | | Date |

Check made payable to:

| | | |
|--------------------|-------|-------|
| Person or Entity | | |
| Mailing Address | | |
| City | State | Zip |
| Payee Contact Name | | Phone |

For Questions, please call LPEA at 970-247-5786 or email rebates@lpea.coop