

# Large Commercial & Industrial Program

## ALTERNATE PAYEE FORM



### MISSISSIPPI POWER CUSTOMER INFORMATION

Company Name

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Address

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*Street Address*

*Suite #*

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*City*

*State*

*ZIP code*

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Company Phone

Company Email

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Account Number

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Project(s) Affected

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

### ALTERNATE PAYEE'S INFORMATION

Company Name

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Phone

Email

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Contact Name

Title

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Address

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### SIGNATURE

*I authorize the above-stated alternate payee to receive the incentive check for the project(s) listed on this form.*

Customer Signature

Date

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