

Commercial 500

ALTERNATE PAYEE FORM



Mississippi
Power

MISSISSIPPI POWER CUSTOMER INFORMATION

Company Name

Address

Street Address

Suite #

City

State

ZIP code

Company Phone

Company Email

Account Number

Project(s) Affected

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

ALTERNATE PAYEE'S INFORMATION

Company Name

Phone

Email

Contact Name

Title

Address

SIGNATURE

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

Customer Signature

Date
