

# Food Service Program Payment Assignment Form



Los Angeles Department of Water and Power

Reservation Number: \_\_\_\_\_

**(This form is only required for third party payment assignments)**

**Reservation Information: (LADWP customer of record information section)**

**Payee's LADWP Account Number:** \_\_\_\_\_

**Payee's Federal Tax ID#:** \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Payee Contact Name: \_\_\_\_\_

Payee Phone Number: \_\_\_\_\_

**Assignment Request:**

I, \_\_\_\_\_, the designated payee or authorized representative of the payee, hereby assign the right to receive payment for the above noted rebate under the Food Service Program indicated above to the following individual or entity:

**Rebate Check Payable To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

I request that payment be forwarded to this individual or entity at the address noted and that proof of payment be forwarded to me.

**Acknowledgement**

LADWP will send an IRS Form 1099 to the recipient of the rebate check and report to the IRS those recipients with cumulative rebate totals of \$600 or greater.

**Completed form should be mailed to:**

**LADWP**

**Food Service Program**

**111 N. Hope Street, Room 1057**

**Los Angeles, CA 90012-2607**

Executed on: \_\_\_\_\_

Print

Title:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

**This completed form may be submitted with the application. This form may not be submitted by fax, as original signatures are required to process assignment requests.**