



# Automatic Transfer of Service (ATS) Program – Enrollment Authorization Form

For ATS enrollment requests, please complete and submit this page only. Please print or type the requested information.

\_\_\_\_\_  
Landlord's Name or Business Name

\_\_\_\_\_  
Landlord's Email Address

\_\_\_\_\_  
Tax ID Number (or Social Security number if not incorporated)      Driver's License Number (of the responsible party or contact person)

\_\_\_\_\_  
Mailing Address (for billing statements – include the street address, city and ZIP Code)

\_\_\_\_\_  
Mailing Address (for shutoff notifications of tenant occupied units – include only if different than the above billing statement's mailing address)

\_\_\_\_\_  
Contact Person (if different than landlord listed above)      Title (use a separate sheet of paper to list more than one contact)

\_\_\_\_\_  
Business Phone Number      Alternate Phone Number

## Account Locations for Enrollment

The locations listed below are to be added to the ATS program. If you have house accounts (e.g., common areas, hallways, etc.) that need to be transferred to your name, please attach the addresses to this request and indicate they are house account addresses.

Please list each address separately. If you need more room, please list additional addresses on a separate sheet.

Street Address	Unit #	City	ZIP Code	Electric	Gas	Both

I hereby authorize DTE Energy to transfer electric and/or natural gas service billings for each account location listed above to the landlord's name indicated above each time DTE receives a tenant's request to shut off service from a tenant. Any account opened this way should be provided a final bill when the next tenant's transfer of service request for a given location is accepted by DTE Energy. I understand that service at any account location(s) listed above may be shut off if the tenant fails to pay for electric and/or natural gas

service used, or if the tenant otherwise violates the policies of DTE Energy. The ATS program will include all units within a designated structure. Properties removed from the ATS program will be ineligible for re-enrollment for one year. By signing this form, I acknowledge I have read and agree to adhere to the ATS Program's Terms and Conditions.

\_\_\_\_\_  
Landlord Signature(s)      Printed Name(s)

\_\_\_\_\_  
Title      Date

Please submit completed forms to the DTE Energy Landlord Customer Care team by emailing to [landlord\\_acct@dteenergy.com](mailto:landlord_acct@dteenergy.com) or by mailing them to:

**DTE Energy**  
Attention: Landlord Customer Care  
2689 Walkent Dr NW  
Suite F  
Walker, MI 49544