RETURN OF SETTLEMENT FUNDS (RSF) REQUEST FORM

A Market Participant who desires to submit a request for RSF may complete this form and submit it, together with any other additional supporting materials, in order to begin the RSF process. This form contains the requirements pursuant to Protocol Section 20.10, *Return of Settlement Funds by a Qualified Scheduling Entity or Congestion Revenue Right Account Holder to ERCOT.*

Please fill out this form electronically and submit it, together with any other additional supporting materials, via email to [adr@ercot.com](mailto:adr@ercot.com) and IMMOverpayment@potomaceconomics.com.

The date on which ERCOT receives the completed RSF written request shall be the RSF initiation date. No later than seven (7) days after the RSF initiation date, ERCOT shall determine, and provide Notice to, all parties directly involved in the RSF process. Such Notice shall include the RSF file number and the designation of the ERCOT senior representative handling the RSF process.

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| **Name of Market Participant Seeking to Return Settlement Funds** |  |
| **Description of the Reason for Initiating the RSF Proceeding (Including the Relevant Facts and References to Any Statute(s), Rule(s), Protocols Section(s), Other Binding Document(s), Agreement(s), or Other Law(s) that May Form All or Part of the Basis for the Request)** |  |
| **List of All Other Parties Affected by the RSF** |  |
| **Senior RSF Representative for Market Participant** *(name, address, telephone number and email address)* |  |
| **Operating Day(s) Involved in the RSF** |  |
| **Amount of Settlement Funds that the Market Participant Seeks to Return** |  |