



SOMAH Electronic Deposit, Vendor ACH Form

for Application Deposit Refunds and Incentive Payments

Instructions

Please complete the form and have it signed by the Beneficiary or their authorized agent.

When complete, please merge this form with a copy of a VOID check and upload into your SOMAH application.

| | |
|------------------------------------|---|
| Payer Name and Address | Center for Sustainable Energy 3980 Sherman St., Suite 170 San Diego, CA 92110 |
| Beneficiary Name | |
| Beneficiary Phone Number | |
| Beneficiary Bank Name | |
| Beneficiary Bank Address | |
| Bank ACH Routing Number | |
| Beneficiary Account Number | |
| Type of Account (Checking/Savings) | |
| Beneficiary Signature | |