



Incentive Application

Multiple Payment Addendum

DTE Project Number

This addendum is to be used **ONLY** if two or more parties are being approved for payment of incentives on the attached Final Application. This form must be signed by the DTE Account Holder, and all values must be completed before being submitted. Any incomplete values will delay processing of this Application for payment. **NOTE:** If the Customer/Account Holder is to receive a portion of the project payment, s/he should be listed as **Payee 1**.

I am authorizing the payment of the incentives in the attached Final Application to the third parties named on this form and I understand that I will not be receiving the incentive payment. I also understand that my release of the payment to these third parties does not exempt me from the Program requirements outlined in the Measure Specifications, Final Application Agreement and Policies and Procedures Manual.

Authorized by (print) _____ Title _____

Phone Number _____ E-mail _____

DTE Account Holder Signature _____ Date _____

Payee 1 - Check should be made payable to:

Payee: Company/Individual Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Contact Phone Number _____

Portion of project: \$ _____
Percentage of project: _____ %

Payee Tax Information (as entered on W9)

Tax Status: ☐ Limited Liability Company ☐ Corporation (Inc., PC, Etc.) ☐ Tax-Exempt ☐ Partnership ☐ Individual ☐ Other (may receive 1099)

Tax ID Number: Depending on tax status please provide EITHER your EIN/Federal Tax ID or Social Security Number below:

EIN/Federal Tax ID

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OR

Social Security Number

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Payee 2 - Check should be made payable to:

Payee: Company/Individual Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Contact Phone Number _____

Portion of project: \$ _____
Percentage of project: _____ %

Payee Tax Information (as entered on W9)

Tax Status: ☐ Limited Liability Company ☐ Corporation (Inc., PC, Etc.) ☐ Tax-Exempt ☐ Partnership ☐ Individual ☐ Other (may receive 1099)

Tax ID Number: Depending on tax status please provide EITHER your EIN/Federal Tax ID or Social Security Number below:

EIN/Federal Tax ID

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OR

Social Security Number

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Incentive Application (continued)

Payee 3 - Check should be made payable to:

Payee: Company/Individual Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Contact Phone Number _____

Payee Tax Information (as entered on W9)

Tax Status: ☐ Limited Liability Company ☐ Corporation (Inc., PC, Etc.) ☐ Tax-Exempt ☐ Partnership ☐ Individual ☐ Other (may receive 1099)

Tax ID Number: Depending on tax status please provide EITHER your EIN/Federal Tax ID or Social Security Number below:

EIN/Federal Tax ID

		-							

OR

Social Security Number

			-			-			

Portion of project: \$ _____

Percentage of project: _____ %

Payee 4 - Check should be made payable to:

Payee: Company/Individual Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Contact Phone Number _____

Payee Tax Information (as entered on W9)

Tax Status: ☐ Limited Liability Company ☐ Corporation (Inc., PC, Etc.) ☐ Tax-Exempt ☐ Partnership ☐ Individual ☐ Other (may receive 1099)

Tax ID Number: Depending on tax status please provide EITHER your EIN/Federal Tax ID or Social Security Number below:

EIN/Federal Tax ID

		-							

OR

Social Security Number

			-			-			

Portion of project: \$ _____

Percentage of project: _____ %

Payee 5 - Check should be made payable to:

Payee: Company/Individual Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Contact Phone Number _____

Payee Tax Information (as entered on W9)

Tax Status: ☐ Limited Liability Company ☐ Corporation (Inc., PC, Etc.) ☐ Tax-Exempt ☐ Partnership ☐ Individual ☐ Other (may receive 1099)

Tax ID Number: Depending on tax status please provide EITHER your EIN/Federal Tax ID or Social Security Number below:

EIN/Federal Tax ID

		-							

OR

Social Security Number

			-			-			

Portion of project: \$ _____

Percentage of project: _____ %