



PJM Settlement, Inc.
ACH Payment (Credit) Authorization Form

Member/Company Name	
Address	
Member Representative Name	
Phone Number & Email Address	
Treasury/Invoice Recipient Contact Name	
Phone Number & Email Address	

Financial Institution Name	
ACH Routing Number (ABA)	
Account Number	
Account Name	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please accept this authorization as standing instruction for PJM Settlement, Inc. (PJM) to initiate ACH entries to credit the account above to receive Market Settlement invoice payments. We understand that we need to notify PJM immediately if there is any change in bank instructions. This authorization will remain in effect until PJM has received written notification revoking this authorization; provided that any revocation must be received by PJM at least five (5) business days prior to the effective date of that revocation notice.

Member/Company Officer Signature: _____

Name: _____

Title: _____

Date: _____

PJM Settlement, Inc.; Treasury Department;
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