

## PJM INTERCONNECTION WIRE TRANSFER AUTHORIZATION FORM

Member (Company) Name:	
Address: (City, State And Zip)	
Member Representative Name:	
Telephone Number:	
Email Address:	
Treasury/Invoice Recipient Contact Name:	
Telephone Number:	
Email Address:	

### BANK INFORMATION

Bank Name and Address:	Bank ABA Number for Fedwire:
Bank Account Name:	Bank Account Number:
For Further Credit-Account Name (If Applicable):	For Further Credit-Account Number (If Applicable):

**This original form must be signed, witnessed and returned to PJM prior to any disbursement of funds.**

Company Officer Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_