



## Authorization to Use PJM Tools

### To PJM Customers:

In order to ensure necessary security with business transactions, PJM requires explicit authorization for users of PJM tools. Authorization can be made by a company representative; i.e., an officer of the company or the Member Committee Representative. "Account Manager Form A" (this form) and "Account Manager Form B" must be signed for initial startup of your company's primary account. The attached "Account Manager Form B" must be used to designate the personnel in your company authorized as Customer Account Managers (CAM). A minimum of two Customer Account Managers (CAM) must be designated per member company account. **The authorized Customer Account Managers (CAM) will be the account administrators for your company. Use only the "Account Manager Form B" for subsequent Customer Account Manager Personnel changes or request to create secondary accounts (sub accounts).**

**Company Name:**

**Company Address:**

"As a representative of the above-named company, I hereby authorize the individuals named on the designation form as Customer Account Managers (CAM) for the appropriate PJM tools.

I understand the following:

- The company listed on this form accepts responsibility for all transactions and account activity of the Customer Account Managers (CAM) and their assignees within the PJM tools. Customer Account Managers (CAM) are also responsible for revoking of inactive or invalid accounts.
- Only the Customer Account Managers (CAM) listed on the designation form and their assignees have the authority to transact business with PJM in the name of the above named company.
- PJM must be notified of any status of authorization changes of Customer Account Managers (CAM).
- Business tool accounts may be locked due to inactivity or security concerns
- In the event that PJM is unable to contact the designated Customer Account Manager (CAM) to resolve any issues regarding the business tools accounts, the company representative may be contacted as needed."

### Company Officer or Members Committee Representative

**Name:**

**Date:**

**Signature:**

**Title:**

**Email Address:**

**Phone:**

Thank you for your cooperation in completing this authorization. Send completed **signed original** authorization form to:

#### **PJM INTERCONNECTION**

Attn: Business PJM Tools Customer Account Manager (CAM)  
2750 Monroe Boulevard  
Audubon, PA 19403

PJM Tools Customer Account Manager: Email: [faith.daley@pjm.com](mailto:faith.daley@pjm.com) or [AccountManager@pjm.com](mailto:AccountManager@pjm.com) Fax: 610-666-4612