## **Authorized Personnel**



## PLEASE PRINT OR TYPE CLEARLY.

This form replaces all authorizations previously on file and is valid for one year after the signed date, unless otherwise specified. The authorizations on this form cover all current and future accounts under your entity, unless you indicate "This account only" under your account number.

Cus	tomer	informa	tion

Name (as appears on line 1 of your	W9):
Phone number:	Email:
☐ This account only:	
horized personnel	
	pear below, and their respective successors, have been duly designated by th I access to act on behalf of the Customer. Up to five persons can be authorize
Property manager	
Full name:	Phone number:
Email:	
Facilities manager	
Full name:	Phone number:
Email:	
On-site manager	
Full name:	Phone number:
Email:	
Accounts payable	
Full name:	Phone number:
Email:	

## C

The undersigned represents and warrants that they are authorized to execute this document on behalf of the Customer of Record listed at the top of this form and have the authority to make financial decisions on behalf of the Customer of Record. The undersigned agrees to release, hold harmless, and indemnify Portland General Electric Company from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of Customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization.

Signature:	Date:
Printed name:	Title: