



**DATA AUTHORIZATION FORM**  
**AUTHORIZATION TO OBTAIN ELECTRIC BILLING AND PAYMENT HISTORY DATA**

**Please check all that apply:**

☐ Potomac Electric Power Company (PEPCO)  
☐ Baltimore Gas & Electric Company  
☐ Potomac Edison (MD)

**Between Constellation Energy Corp. ("Constellation"), AOBA Alliance, Inc. ("AAI") and**

\_\_\_\_\_, (the "Customer") at \_\_\_\_\_.  
(Customer's Legal Name) (Customer's Billing Address)

**Customer** hereby authorizes the local distribution companies marked above to permit Constellation and AAI to directly receive customer's most recent (from the date of this Agreement) twenty-four (24) months and future months of electricity billing data and twelve (12) months of payment history data for all accounts listed below. The electric billing information may also include, but is not limited to, service configuration, transformer data, and descriptions of previous energy efficiency measures for which the local distribution company provided rebates. The payment history data may include, but is not limited to, late payment, final notice, returned check and disconnect information. Constellation and AAI expressly reserve the right to use such data, retain the data in its files, and disclose it to any authorized employee, agent or representative. Constellation and AAI hereby agree not to sell or otherwise disclose said billing information to any third party not authorized in writing by Customer, for the purposes of such third-party marketing to, or soliciting business from, Customer.

This Data Authorization Form also provides authorization for Constellation to access credit information, if any, previously provided to Pepco Energy Services.

The Customer does NOT authorize Constellation and/or its affiliates to release customer-specific billing information, including but not limited to: customer name, billing address, service address, account(s), phone number(s), rate classification, usage information, charges for service and payment history.

Signed: \_\_\_\_\_  
(Customer Representative or Agent)

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**NOTE TO CUSTOMER:** It is crucial that you provide us with the Service Address and Account number, which is required by the local distribution companies in order to obtain your data. Please provide that data below. If there are more than five (5) accounts, please send the data in a Microsoft Excel format to Constellation at [AOBADataProcessing@constellation.com](mailto:AOBADataProcessing@constellation.com). If you have any questions, please contact Kevin Carey or Uatausha Taylor at (202) 296-3390.

**Return this form to Constellation at [AOBADataProcessing@constellation.com](mailto:AOBADataProcessing@constellation.com) and the AOBA Alliance, Kevin Carey ([kcarey@aoba-metro.org](mailto:kcarey@aoba-metro.org)) at (202) 296-6987.**

	Service Address				Account #
	Street Address	City	State	Zip (9 digits)	
1					
2					
3					
4					
5					