

DIRECT DEPOSIT AUTHORIZATION - PAYCHECK AND EXPENSE REIMBURSEMENTS

FORM 91 (REV. 08-12) Page 1 of 2

EMPLOYEE NAME		SAP NO.
DAYTIME PHONE NO.	LOCATION	CHECK ONE <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY
AUTHORIZATION AGREEMENT		
<p>I authorize FirstEnergy Corp. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account(s) listed below.</p> <p>For verification of my bank account information, I have attached a voided check (not a deposit slip), a photocopy of a check, or I have contacted my financial institution for the correct routing number and account number.</p> <p>This authorization will remain in effect until my written notification of cancellation or change is received. Direct deposit authorizations will be effective as soon as reasonably possible following receipt by Payroll Services.</p>		
PRIMARY ACCOUNT INFORMATION		
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE IN EXISTING <input type="checkbox"/> CANCEL		
FINANCIAL INSTITUTION NAME	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
ROUTING NO.	ACCOUNT NO.	
EXPENSE REIMBURSEMENT ACCOUNT INFORMATION		
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE IN EXISTING <input type="checkbox"/> CANCEL <input type="checkbox"/> SAME AS PRIMARY ACCOUNT INFORMATION		
FINANCIAL INSTITUTION NAME	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
ROUTING NO.	ACCOUNT NO.	
OTHER ACCOUNT INFORMATION		
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE IN EXISTING <input type="checkbox"/> CANCEL		
FINANCIAL INSTITUTION NAME	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	FLAT AMOUNT \$
ROUTING NO.	ACCOUNT NO.	
OTHER ACCOUNT INFORMATION		
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE IN EXISTING <input type="checkbox"/> CANCEL		
FINANCIAL INSTITUTION NAME	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	FLAT AMOUNT \$
ROUTING NO.	ACCOUNT NO.	
OTHER ACCOUNT INFORMATION		
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE IN EXISTING <input type="checkbox"/> CANCEL		
FINANCIAL INSTITUTION NAME	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	FLAT AMOUNT \$
ROUTING NO.	ACCOUNT NO.	
<input type="checkbox"/> CHECK HERE IF YOU RECEIVE YOUR PAYROLL VIA DIRECT DEPOSIT AT A U.S. FINANCIAL INSTITUTION AND HAVE THE ENTIRE AMOUNT FORWARDED TO A BANK IN ANOTHER COUNTRY.		
SIGNATURE		DATE

**Send completed form and a voided check (not a deposit slip) to
Payroll Services at J-JOHN or Fax form to 814-534-4083 (400-4083)**

FOR PAYROLL SERVICES USE ONLY		
DATE RECEIVED	DATE ENTERED	ENTERED BY

How to Complete the Direct Deposit Authorization Form

1. Complete Employee information
2. Read Authorization Agreement
3. Complete Primary/Expense Reimbursement/Other Account Information

Tips for Completing the Account Information

- Select type of authorization (New, Change, Cancel)
- Enter name of the Financial Institution for each account
- Select type of account (Checking or Savings)
- Enter Flat Amount if Other Account
- Enter 9 digit Bank Routing Number (see example below)
- Enter Bank Account Number (see example below)

Note: Verify the Bank Routing Number and Bank Account Number with your Financial Institution

NAME		0123
ADDRESS		01-2345/6789
CITY, STATE ZIP		
DATE _____		
PAY TO THE ORDER OF _____		\$ <input type="text"/>
_____		DOLLARS
BANK NAME		
ADDRESS		
CITY, STATE ZIP		
FOR _____		
⑆012345678⑆	01234567890123⑆	0123
Bank Routing Number	Bank Account Number	Check Number

4. Sign and Date the form
5. Attach a voided check or a photocopy of a check (not a deposit slip)
6. Send completed form to:

Payroll Services at J-JOHN or Fax form to 814-534-4083 (400-4083)