

**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
<b>AUTHORIZATION AGREEMENT</b>		
<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>		
<b>PRIMARY ACCOUNT INFORMATION</b>		
<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.	
<b>EXPENSE REIMBURSEMENT ACCOUNT INFORMATION</b>		
<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.	
<b>OTHER ACCOUNT INFORMATION</b>		
<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.	
<b>OTHER ACCOUNT INFORMATION</b>		
<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.	
<b>OTHER ACCOUNT INFORMATION</b>		
<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)**

<b>FOR PAYROLL SERVICES USE ONLY</b>		
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

The diagram shows a check with the following fields and labels:

- NAME**  
ADDRESS  
CITY, STATE ZIP
- DATE**
- PAY TO THE ORDER OF**
- \$** (Amount field)
- DOLLARS**
- BANK NAME**  
ADDRESS  
CITY, STATE ZIP
- FOR**
- Bank Routing Number** (0123456789)
- Bank Account Number** (012345678901234)
- Check Number** (0123)

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)**