

BGS-CIEP AUTHORIZATION FORM

(Must be returned to JCP&L by 01/03/2019)

I hereby authorize JCP&L to do the following (please check all that apply):

_____ Enroll my account(s) listed below in the BGS-CIEP hourly pricing option effective June 1, 2019.

_____ Release my account number and contact information to third party suppliers

Customer _____

Address _____

Municipality _____

Zip Code _____

Account Number(s) _____ Rate/Meter # _____

Account Number(s) _____ Rate/Meter # _____

Account Number(s) _____ Rate/Meter # _____

Authorized
Contact Name _____

Authorized
Contact Name _____

Authorized
Signature _____

Please return the completed form to JCP&L via email/scan with subject line "BGS Opt in Request"
to: jspricigo@firstenergycorp.com