

PENSION BENEFITS – AUTHORIZATION FOR DIRECT DEPOSIT

FORM NO. X-901 (REV. 09-19) Page 1 of 2

RETIREE INFORMATION			
RETIREE NAME (Please Print)			RETIREE NO.
DAYTIME PHONE NO.		LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NO.	
STREET ADDRESS		CITY	STATE ZIP CODE
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.</p> <p>IMPORTANT NOTICE: Electronic deposits to your checking/savings account will take place on the first day of the month. When the first day of the month is a Saturday, Sunday, or Bank Holiday, your funds will be deposited to your account on the next business day.</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.	
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.	
SIGNATURE			DATE

Send completed form and a voided check (not a deposit slip) to:

Pension Payroll Department
FirstEnergy
311 Industrial Park Road
Johnstown, PA 15904
or
Fax to 330-436-8565

FOR PAYROLL SERVICES USE ONLY		
DATE RECEIVED	DATE ENTERED	ENTERED BY

How to Complete the Direct Deposit Authorization Form

1. Complete Retiree information
2. Read Authorization Agreement
3. Complete Primary Account and Other Account Information as needed

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 image shows a sample check form with the following fields and labels:

- NAME**, **ADDRESS**, **CITY, STATE, ZIP**
- DATE**
- 0123** (top right)
- 01-23456789** (middle right)
- PAY TO THE ORDER OF** (with a dollar sign and a box for amount)
- DOLLARS** (below the amount box)
- BANK NAME**, **ADDRESS**, **CITY, STATE, ZIP**
- FOR**
- MICR Line:** ⑆0 ⑆ 2345678⑆ 0 ⑆ 234567890 ⑆ 23⑆ 0 ⑆ 23
- Bank Routing Number** (under the first 9 digits)
- Bank Account Number** (under the next 10 digits)
- Check Number** (under the last 3 digits)

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:

**Pension Payroll Department
FirstEnergy
311 Industrial Park Road
Johnstown, PA 15904
or
Fax to 330-436-8565**