

**PENSION BENEFITS – AUTHORIZATION FOR DIRECT DEPOSIT**

FORM NO. X-901 (REV. 05-15) 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**

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.

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.

This authorization will remain in effect until my written notification of cancellation or change is received.

**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.

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

**Pension Payroll Department  
FirstEnergy  
800 Cabin Hill Drive  
Greensburg, PA 15601  
or  
Fax to 330-245-5737**

**FOR PAYROLL SERVICES USE ONLY**

DATE RECEIVED	DATE ENTERED	ENTERED BY
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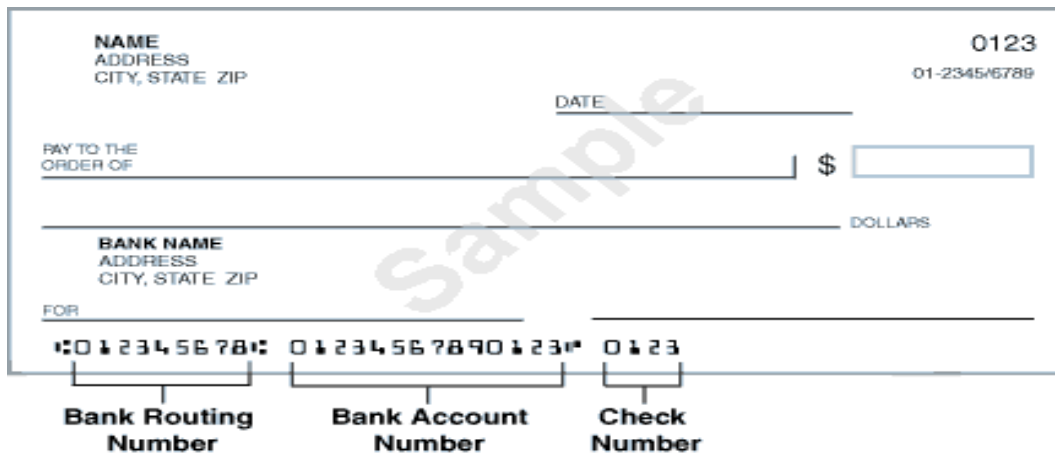
## How to Complete the Direct Deposit Authorization Form

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



A sample form for Direct Deposit Authorization. The form includes fields for NAME, ADDRESS, CITY, STATE, ZIP, DATE, PAY TO THE ORDER OF, \$, BANK NAME, ADDRESS, CITY, STATE, ZIP, FOR, and a MICR line. The MICR line is divided into three sections: Bank Routing Number (0123456789), Bank Account Number (012345678901234), and Check Number (0123). A large 'Sample' watermark is overlaid on the form.

NAME  
ADDRESS  
CITY, STATE ZIP

0123  
01-23456789

DATE

PAY TO THE  
ORDER OF

\$

BANK NAME  
ADDRESS  
CITY, STATE ZIP

FOR

0123456789 012345678901234 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:

**Pension Payroll Department  
FirstEnergy  
800 Cabin Hill Drive  
Greensburg, PA 15601  
or  
Fax to 330-245-5737**