



FirstEnergy Family Credit Union

575 White Pond Drive, Suite E
Akron, OH 44320-1184

There are two forms that need to be completed for a payroll deduction change.
Make sure you scroll down and complete both forms.

1st page (Fill-in)

- Name
- Sap #
- Phone #
- Location
- Bi-weekly/weekly
- Sign and date bottom of form

2nd page (Fill-in)

- Name
- Location
- Account # (at FEFCU)
- SAP #
- Bi-weekly/weekly
- Deduction amount for each account
- Sign and date the bottom

Mail both printed forms to:

Interoffice Location: A-FECU

Or

FirstEnergy Family Credit Union
Attn: Payroll
575 White Pond Drive, Suite E
Akron, OH 44320-1184



FirstEnergy Family Credit Union

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FirstEnergy Corp. Employee Payroll Deduction Form

Name

Location

Account Number

SAP Number

I am paid:

Check Payroll Frequency Below:

Weekly

Bi-Weekly

Day Time Phone Number

This form is for FirstEnergy Corp. employees.

Please indicate the amount per paycheck you would like deducted and allocated to the following accounts.

All deductions must be listed, not just current changes.

Type of Account	Account # & Suffix	Amount	Type of Account	Account # & Suffix	Amount
Savings			Loan		
Savings			Loan		
Savings			Loan		
Savings			Loan		
Christmas Club			Loan		
Plan-it Save for it			Other _____		
Plan-it Save for it			Other _____		
Plan-it Save for it			Other _____		
	Sub Total 1			Sub Total 2	
Grand Total (Must Equal Sub Total 1 + Sub Total 2)					

To FirstEnergy Corporation: I hereby authorize the FirstEnergy Family Credit Union to deduct from my pay the amount set forth above for transmittal to above named Credit Union as a credit to my account. This authorization cancels and supersedes any authorization heretofore signed by me and is to continue in effect until changed or cancelled by me in writing.

By signing the Payroll Deduction Allocation Form I understand that it is my responsibility to verify that all my deductions are posted properly. If any loan payments do not come out I understand that I am responsible for making the missed payment myself.

Current Date

Signed By

MAIL TO:

US Postal Address

FirstEnergy Corp. Interoffice mail code

FirstEnergy Family Credit Union
ATTN: PayRoll
575 White Pond Drive, Suite E
Akron OH 44320-1184

A-FECU

FirstEnergy**DIRECT DEPOSIT AUTHORIZATION - PAYCHECK AND EXPENSE REIMBURSEMENTS**

FORM 91 (REV. 09-10)

EMPLOYEE NAME		SAP NO.
DAYTIME PHONE NO.	LOCATION	CHECK ONE <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY
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. Direct deposit authorizations will be effective as soon as reasonably possible following receipt by Payroll Services.		
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.	
SIGNATURE		DATE

FOR PAYROLL SERVICES USE ONLY

DATE RECEIVED	DATE ENTERED	ENTERED BY
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