

A - Initial authorization  
 C - Change existing information  
 D - Discontinue direct deposit

PAYROLL USE			EFFECTIVE DATE		
P/R	1 - Corporate	MO.	DAY	YR.	
	2 - Allegheny Power				
	3 - Supply				

EMPLOYEE NO.	NAME (Print: Last, First, Middle Initial)	LOCATION	BUSINESS/GROUP/TEAM
--------------	---	----------	---------------------

*I authorize the deposit of my pay to the financial institution(s) indicated. For verification of bank numbers, attach deposit slip(s) or voided check(s) if available. If not available, contact financial institution for bank transit number and account number.*

*If the Company notifies the financial institution that funds have been deposited to my account in error, I authorize the financial institution to debit my account without my prior consent in an amount equal to such error, to repay these funds to the Company and to notify me of such debit.*

Information is required to request a direct deposit. This will be the default for the remaining balance of your net pay. You may select to have either a flat dollar amount or percentage deposited into another account by completing item(s) 1 and/or 2 below.	BANK TRANSIT NO.	ACCOUNT NO.	<input type="radio"/> Checking <input type="radio"/> Savings
	FINANCIAL INSTITUTION		CHOOSE ONLY ONE (for all accounts) <input type="radio"/> Flat Amount <input type="radio"/> Percentage
	ADDRESS (Street, City, State, ZIP Code)		

1	BANK TRANSIT NO.	ACCOUNT NO.	<input type="radio"/> Checking <input type="radio"/> Savings	FINANCIAL INSTITUTION
	ADDRESS (Street, City, State, ZIP Code)			
2	BANK TRANSIT NO.	ACCOUNT NO.	<input type="radio"/> Checking <input type="radio"/> Savings	FINANCIAL INSTITUTION
	ADDRESS (Street, City, State, ZIP Code)			

EMPLOYEE SIGNATURE	DATE
--------------------	------

**ROUTING:** Requestor routes Original and 1 copy to Payroll. Transaction is effective as of the date completed above by Payroll when copy of form is returned.

Please cut on dotted line.