

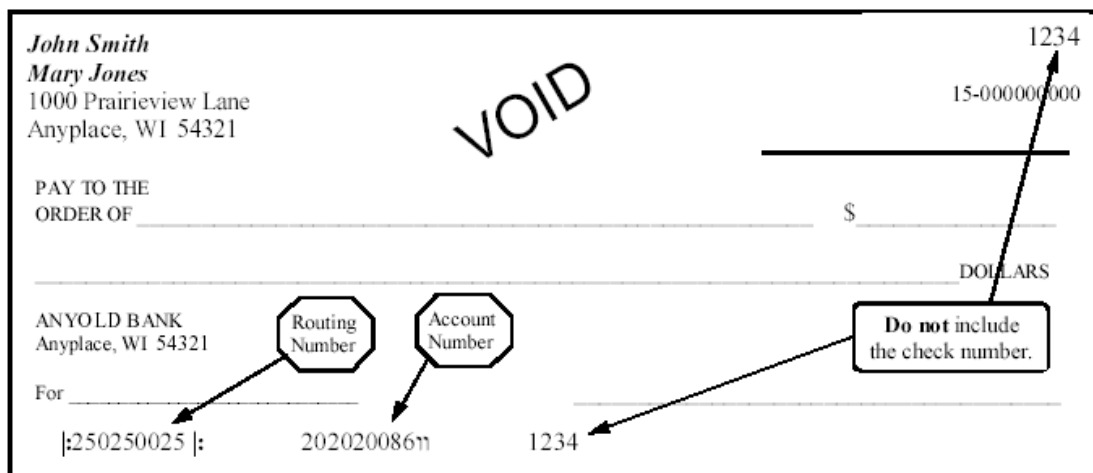
**First Sun EAP Alliance, Inc.
ACH Credit Authorization**

Check one of the following: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change		Effective Date: <input type="checkbox"/> As Soon As Possible <input type="checkbox"/> Future Paydate ___/___/___	
Provider Name		Employer ID Number (SS# or FEID# - as shown on W9)	
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)			
Transit Routing Number (Must be 9 numbers)			Account Number
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
I authorize First Sun EAP Alliance, Inc. (First Sun EAP) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the Bank indicated, and to credit and/or debit the same to such bank account indicated above. This authority is to remain in full force and effect until First Sun EAP has received written notification from me of its termination in such time and in such manner as to afford First Sun and the Bank a reasonable opportunity to act on it. I understand that the authorization may be rejected or discontinued by First Sun EAP at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the authorization is not stopped before closing an account, funds payable to me will be returned to First Sun EAP for distribution. This will delay a payment by check.			
Furthermore, I understand that participation in this program requires my acceptance of the monthly First Sun EAP Provider Payments Report via secure email. I understand that this report will not be sent by fax or U.S. mail at any time while participating in the electronic payment program.			
Date (Mo/Day/Yr)	Provider Signature		Phone Number
E-Mail Address (the First Sun EAP Provider Payments Report will be sent to this address):			

If you select to have your payment sent to your:

- **Checking account:** Attach a voided or cancelled check to the bottom of this form.
- **Savings account:** Contact your financial institution to obtain its transit routing number.

Attach a voided check. Please do not attach a deposit slip. Please contact your financial institution if there are questions about routing or account numbers.



John Smith
Mary Jones
1000 Prairieview Lane
Anyplace, WI 54321

VOID

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

ANYOLD BANK
Anyplace, WI 54321

For _____

|:250250025 |: 20202008611 1234

1234
15-000000000

Do not include the check number.

Return this form to First Sun EAP Alliance, Inc:

2700 Middleburg Drive
Ste 208

Columbia, SC 29204

Or by fax:

803-799-3772