

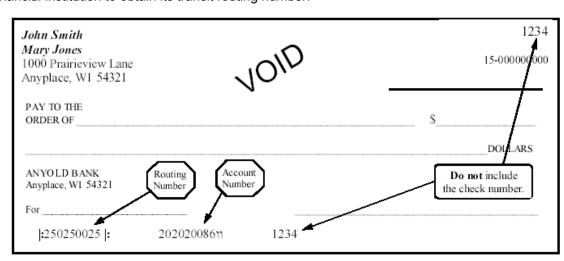
## First Sun EAP Alliance, Inc. ACH Authorization

Check one of the following: Effective Date:			
☐ Start ☐ Stop ☐ Change	top ☐ Change ☐ As Soon As Possible		☐ 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			ccount Number
Transit Routing Number (Must be 9 numbers)		Α,	Codin Number
	.		
Type of Account			
☐ Checking ☐ 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 Affiliate 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
EMail Address (the First Sun EAP Provider Payr	nents Renort v	vill he sent	to this address):
Email Addition (the Fine Found Ext. 1 To flag. 1 dymonto Roport Will be don't to till dadition).			

If you select to have your payment sent to your:

- Checking account: Attach a voided or canceled 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.



Return this form to First Sun EAP Alliance, Inc:
2700 Middleburg Drive
Ste 208
Columbia, SC 29204
Or by fax:

803-799-3772