

**EXHIBIT 1.1**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

COMPANY NAME  BlueSun Inc.	TAX ID NUMBER  46-1492331
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**CHECK ONE:**

<input type="checkbox"/> <b>ADD</b> (New Direct Deposit Participant)	<input type="checkbox"/> <b>CHANGE</b> (Financial Institution and/or Account #)	<input type="checkbox"/> <b>DELETE</b> (Cancel Participation in the Program)
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**NOTE:** Due to the time required for company and financial institution processing, please allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

I (we) hereby authorize BlueSun Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH	
CITY	STATE	ZIP CODE	

TRANSIT ROUTING NUMBERS								ACCOUNT NUMBER INFORMATION																						
:							:																							

CHECKING                      SAVINGS                      Paper Check mailed to current home address

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Please attach a voided check or deposit slip for account validation.

NAME(S) - Please Print		SOCIAL SECURITY NUMBER	
ADDRESS	CITY/STATE	ZIP CODE	
SIGNED		DATE	

- I expressly agree to receive all pay statements in electronic form, and affirm that I have the ability to print or store the statement at the time of receipt.
- Please send all pay statements to my current home address.