EXHIBIT 1.1

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME	TAX ID NUMBER
BlueSun Inc.	46-1492331

CHECK ONE:

❑ ADD (New Direct Deposit Participant)	❑ CHANGE (Financial Institution and/or Account #)	❑ DELETE (Cancel Participation in the Program)

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

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

THIS FORM IS TO BE RETAINED BY THE EMPLOYER AND PLACED IN THE EMPLOYEE'S PERSONNEL FILE AS A MATTER OF RECORD