



Automatic Debit Authorization Form (ACH Debit)

To: FIRSTSUN FINANCIAL, INC., (henceforth the "Service Provider")
5013 PARK STREET
JACKSONVILLE, FL 32205

Effective ___/___/_____, (today's date), I authorize the Service Provider to debit my

CREDIT/DEBIT CARD in the recurring amount of: \$ _____ FOR CREDIT TO
FIRSTSUN ACCOUNT # _____.

Please debit my account (WEEKLY/BI-WEEKLY/SEMI-MONTHLY/MONTHLY),
STARTING ON _____ (DATE). I understand that my final payment will
be configured to the remaining balance due.

This Automatic Debit Authorization terminates any previous authorization received by the Service
provider from me.

Bank Account Information

Bank Name: _____
CARD Number: _____
EXP DATE: _____

DEBIT OR CREDIT? (CIRCLE ONE)

CHECKING or SAVINGS? (CIRCLE ONE)

VISA/MASTERCARD/DISCOVER (CIRCLE ONE)

**I UNDERSTAND THAT FIRSTSUN FINANCIAL, INC. MUST BE NOTIFIED IN WRITING OF
ANY CANCELLATION OF THIS ORDER AT LEAST 2 BUSINESS DAYS BEFORE MY
SCHEDULED DEBIT.**

Customer Authorization;

Full Name (PRINT AS APPEARS ON CARD) _____

Billing Address _____

City, State, Zip _____

Signature _____

Date _____