



## Payment Option Authorization Agreement



Dear Customer,

To facilitate the transaction associated with the Community Solar Services Agreement (hereinafter referred to as the “SSA”) between \_\_\_\_\_, LLC (hereinafter referred to as “*Seller*”) and \_\_\_\_\_ (hereinafter referred to as “*Customer*”), Customer hereby authorizes Seller to initiate, from time-to-time, debit entries to the account indicated on the voided check you provide below (hereinafter referred to as the “Payment Account”) and Customer hereby authorizes the depository financial institution named below - to enter such debits or credits to the Payment Account

It is understood that Seller will process debit entries to the Payment Account on or after the designated payment due date of each month in an amount not to exceed any amounts outstanding at any time under the SSA, except otherwise provided herein.

Customer represents to Seller that all persons whose signatures are required to withdraw funds from the Payment Account have executed this Authorization Agreement.

Customer hereby acknowledges that Seller may process debit entries for scheduled SSA payments or any other sum due and payable to Seller pursuant to the SSA. Customer also acknowledges that Seller may assign the SSA to a third party who may then process debit entries per this Authorization Agreement.

Customer hereby acknowledges that he/she has received a copy of this Authorization Agreement for record keeping purposes, as well as the additional information regarding some of the most important terms and conditions relating to the electronic funds transfers authorized by this document set forth on the attached “Disclosure of Your Rights, Liabilities and Responsibilities Under the Electronic Fund Transfer Act.”

Customer may terminate this Authorization Agreement by notifying SunShare LLC in writing at any time up to 3 business days preceding any electronic fund transfer authorized hereby. The termination of this Authorization Agreement does not terminate the fully enforceable SSA or your obligations under the SSA, including but not limited to your obligation to make the required SSA payments.

### **Disclosure of Your Rights, Liabilities, and Responsibilities Under the Electronic Fund Transfer Act**

The following disclosures set forth some of the most important terms and conditions relating to the electronic funds transfers authorized by the preceding Authorization Agreement for Pre-Authorized Payments (the “*Authorization Agreement*”) as well as your rights and responsibilities with respect to these services.

**1. Statements You Will Receive.** You will receive a monthly statement for any period during which there has been an electronic fund transfer authorized by the Authorization Agreement. If no such electronic fund transfers have taken place, you will receive a statement at least quarterly.

**2. In Case of Errors or Questions About Your Electronic Transfers.** If you think your statement is wrong or if you need more information about a transfer listed on the statement, call or write us as soon as you can at the telephone number and address set forth in paragraph 7 below. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- a) Tell us your name and account number.
- b) Describe the error or transfer you are unsure about and explain as clearly as you can why you believe it is in error or why you need more information.
- c) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days. If the suspected error involves an unauthorized transfer initiated by us, we will tell you the results of our investigation within 10 business days. If we need more time, however, we may take up to 45 days to investigate your complaint or question, but if we decide to do this, we will re-credit your account within 10 business days so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing, we will not re-credit your account until we receive your information. If we ask you to put your complaint or questions in writing and we do not receive it within 10 business days, we may not re-credit your account. We will tell you the results within 3 business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.



**3. Your Liability for Unauthorized Transfers.** Tell us AT ONCE if you believe that an electronic fund transfer has been made without your permission using information you have provided to us. Telephoning is the best way of keeping your possible losses down. If you tell us within 2 business days after you obtain information indicating that an electronic fund transfer has been made without your permission using information you have provided to us, you can lose no more than \$50. If you do NOT tell us within 2 business days after you obtain information indicating that an electronic fund transfer has been made without your permission using information you have provided to us, and we can prove we could have stopped someone from making the unauthorized transfer, you could lose as much as \$500.00.

**Contact in event of unauthorized transfer:** If you believe that an electronic fund transfer has been made without your permission using information you have provided to us, call us at 720-259-9753, or write us at the following address:

**SunShare LLC, 1151 Bannock Street, Denver, CO 80204 or email us at: [customercare@mysunshare.com](mailto:customercare@mysunshare.com)**

You should also call the number or write to the address listed above if you believe an unauthorized transfer has been made using information you have provided to us.

**4. Information We May Disclose to Third Parties.** We may disclose information to third parties about your account or transfers you make:

- a) when it is necessary for completing transfers;
- b) in order to verify the existence and condition of your account for a third party, such as a credit bureau, clearinghouse or merchant;
- c) in order to comply with a government agency or court order;
- d) in response to a garnishment, levy or a subpoena; and
- e) if you give us your written permission.

**5. Charges.** We will not impose any charges for electronic fund transfers. However, your financial institution may impose such charges pursuant to agreements between you and the financial institution to which we are not a party.

**6. Business Days.** Our business days (days when we are open for carrying on substantially all business functions) are Monday through Friday. Holidays are not included.

**7. How You May Contact Us.** If you have any questions about your account, think there is an error on your account, think an unauthorized transfer has been made using information you have provided to us, or if you want to stop payment on automatic payments to us that you have authorized pursuant to the Authorization Agreement, or if you want to know whether an automatic payment you have authorized has been made, you can contact us by calling us at 720-259-9753 or write us at the following address:

**SunShare LLC, 1151 Bannock Street, Denver, CO 80204 or email us at: [customercare@mysunshare.com](mailto:customercare@mysunshare.com)**

You should also call the number or write to the address listed above if you believe an unauthorized transfer has been made using information you have provided to us.



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Please fill in the required information and return to the address listed below.

**Monthly ACH Debit:**

Community Solar Services Agreement Account Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Type of Account (Checking or Savings): \_\_\_\_\_

Date: \_\_\_\_\_

Additional signature required to withdraw funds from the Payment Account, if the person is not listed on the Community Solar Services Agreement:

Additional Signature: \_\_\_\_\_

Additional Name: \_\_\_\_\_

Type of Account (Checking or Savings): \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this page with a voided check:**

PLACE VOIDED CHECK HERE

**Please remit this page to:**

- **NRG Renew**
- **Attention Remittance Processing**  
**P.O. Box 1304**  
**Houston, TX 77251-1304**
  
- **Secure Fax: 1-866-781-0407**