

# BAY BRIDGE ADMINISTRATORS, LLC

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## ACH DEBIT AUTHORIZATION AGREEMENT

I hereby authorize Bay Bridge Administrators, LLC. hereinafter called "COMPANY" to initiate debit entries to the account indicated below at the depository financial institution named below, hereinafter called "DEPOSITORY", and to debit such to same account. I authorize the COMPANY to debit the necessary amount to keep this program active in the future. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States of America law.

**Company Name:** Bay Bridge Administrators, LLC (BBA)

**Company Address:** 1101 Capital of TX Hwy South, Bldg. E, Suite 200, Austin, TX 78746

**Full Name:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Name(s) on Bank Account:** \_\_\_\_\_

**Depository Name:** \_\_\_\_\_ **Please Indicate One:**  Checking  Savings

**Depository Address: City, State, Zip:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Routing/Transit #:** \_\_\_\_\_

This Authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act on it.

**Policy/Membership #:** \_\_\_\_\_ **Current Debit: \$** \_\_\_\_\_

*PLEASE ATTACH VOIDED CHECK\* HERE*

**\*Note:**

Check copies are required for Checking Accounts, deposit slips are not adequate.  
Savings Deposit Slips are acceptable for Savings and Money Market Accounts, only.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Signature must be the same as on signature card on account.)*

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