

**Section 125 Cafeteria Plan
Direct Deposit Authorization Agreement**

Employer

First Name

MI

Last Name

SSN

Street Address

City

State

ZIP Code

Phone

Email

Bank Name

Account No.

Routing/Transit No.

Account type: Checking Savings

Bank Address: Street, City, State, Zip

Name(s) on Bank Account

Please Attach Voided Check Here

I (we) hereby authorize Bay Bridge Administrators, LLC hereinafter call "Company" to initiate credit entries to my (our) account indicated above at the depository financial institution named above, hereinafter called "Bank," and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization 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 Bank a reasonable opportunity to act on it.

Authorized Signature

Date

(Signature must match signature card on account)

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