

EMPLOYER ACH DEBIT AUTHORIZATION AGREEMENT

The undersigned Employer (the "RECEIVER") hereby (1) authorizes Bay Bridge Administrators, LLC ("BBA", "ORIGINATOR") to debit the account below by electronic funds transfer (EFT) through the Automated Clearing House (ACH) network pursuant to the terms of this Agreement and the Rules (the "Rules") of the National Automated Clearing House Association, (2) certifies that it has selected the following depository financial institution ("DEPOSITORY"), and (3) directs that all such electronic funds transfers be made as provided below.

Routing/Transit Number: _____ Account Number: _____

Depository Institution (Bank) Name: _____

Account Type: Checking Savings
Please include a voided check with this agreement. Please contact your financial institution to make sure there are no ACH debit blocks or transaction limits.
RECEIVER acknowledges that the origination of ACH transactions must comply with the provisions of U.S. law. RECEIVER acknowledges BBA will use the account information listed above to fund participant contribution invoices and will only debit the amount you authorize.
RECEIVER shall comply with and be bound by the Rules, as amended from time to time. Any reference to the Rules shall include any amendment to the Rules in effect on the date of the ACH Entry. This authority is to remain in full force and effect until BBA has received written notification from RECEIVER of its termination in
such time and in such manner as to afford BBA a reasonable opportunity to act on it.
Authorized Signature: Date:
Employer Name: EIN:
Employer Address: Contact Phone: Contact Phone:

Fax: (512) 275.9351 Mail: PO Box 161690 Austin, TX 78716

Please complete sign, and return this agreement with a voided check to us via one of the following options:

Email: billing@bbadmin.com