

# ***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)*

Bay Bridge Administrators, LLC., P.O. Box 161630, Austin, TX 78716  
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Email: [125@bbadmin.com](mailto:125@bbadmin.com)

