



**BAY BRIDGE  
ADMINISTRATORS**

*"Your solutions begin  
at the Bridge"®*

**Questions? Contact Us**

Phone: (800) 845-7519  
Email: [insurance@bbadmin.com](mailto:insurance@bbadmin.com)

## 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 in force in the future. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States of America law.

Company Name: Bay Bridge Administrators, LLC

Company Address: 1101 S Capital of Texas Hwy, Ste. E200, Austin, TX 78746

Full Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Full Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Depository Name: \_\_\_\_\_ Account Type:  Checking  Savings

Depository Address: (City, State, Zip) \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Please include a voided check with this agreement.**

*Savings Deposit Slips are acceptable for Savings and Money Market Accounts only.*

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: \$ \_\_\_\_\_

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

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

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

Email: [insurance@bbadmin.com](mailto:insurance@bbadmin.com)

Fax: (512) 275.9351

Mail: PO Box 161690 Austin, TX 78716