



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: _____ **Last 4 of 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.

Amount to 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.)

Please send completed form to Alex Perez, Spectrum Advisory Group
Spectrum Advisory Group, 1939 NE Interstate 410 Loop, Ste. 233, San Antonio, TX 78217
Via Fax: 210.824.8003 or email to cleat@spectrumadvisorygroup.net