BAY BRIDGE ADMINISTRATORS, LLC

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:

directs that all such el	ectronic fund	s transfers b	e made as pro	vided below:			
Depository Institution	(Bank) Name	e:					
Routing Transit Numb	ber:		Accou	Account Number:			
Please Indicate One:	Checking	or □Sav	vings	Applies to:	□BBA Insurance	e □BBA TSA	
	(Please cont	act your fin	ancial institut	•	s authorization.) are that are no ACI BA.)	H debit blocks	
RECEIVER acknowled will only debit the am	edges BBA wount you auth	ill use the a norize.	ccount inform	ation listed ab	ove to fund partici	pant contribution in	voices and
include any amendme This authority is to re- termination in such tin	ent to the Rule	s in effect of	on the date of ect until BBA	the ACH Entry	y. written notification	n from RECEIVER	
Authorized Signature:(Signature must be the sam Name/Title:							
Employer Name:					haran mana kasaja aran mana sa		
Employer Address: EIN							
Employer Contact:	act Name and Contac	t Telephone Num	ber)				

BAY BRIDGE ADMINISTRATORS, LLC

P.O. Box 161690 Austin, Texas 78716



"Your solutions begin at the Bridge",TM