



BBP Admin
 BENEFITS ADMINISTRATION
COBRA, FMLA, FSA, HRA, HSA, TRANSIT
 info@bbpadmin.com
 www.bbpadmin.com
 630 773 2337

ACCOUNT FUNDING AUTHORIZATION

I request and authorize BBPadmin (BBP) and/or its designee to debit amounts due for my Benefits Account usage, and I request and authorize the Financial Institution named below to accept and honor the same from my account. This Authorization will remain in effect until I notify BBP in writing to terminate and BBP has a reasonable time to act on the termination.

Check One: Checking Account _____
 Savings Account _____

Routing Number for above account: _____

Name of checking account holder: _____

Bank Name: _____

PLEASE ATTACH VOIDED CHECK

Employer Name: _____

Address: _____

City, State, Zip: _____

Name of Authorized Employee for account above: _____

Signature Authorization for electronic debit and check: _____

If your account requires two signatures please add another person below:

Name of Authorized Employee for account above: _____

Signature Authorization for electronic debit and check: _____

Name of Employees and e-mail addresses that need manual claim report: _____

Which funding option are you choosing: http://www.bbpadmin.com/docs/Employer/Bank_Account_Funding_Options.pdf

Direct Link ZBA (Origination ID 6362949580) Loan (Origination ID 5362949580) Prefund (Origination ID 1362949580) Payment Report

Please make sure if using a BBPadmin account that you give your bank the above origination id so that our bank is not denied the funds. Any funding that is denied will result in a \$25 reprocessing charge and a 10% fund penalty if over 2 business days of funds not being delivered.

How often would you like e-mails about usage in your account?

Weekly Bi-Weekly Other: _____

BBP Fees

BBP will pull fees from above account unless employer states that they will be sending a monthly check. Additional fees may apply if check is sent monthly to BBP. No additional fees will apply for direct ACH payment by BBP.