





## Authorization Agreement for Pre-Authorized Payments

		7 111
Customer Name:	Lisa Fitness Concept, LLC	i VU'
Contact Name:	Lisa Duke	1017
FEIN:		
		1711)
Mailing Address:	6813 Cantrell Road	
City/State/Zip:	Little Rock , AR 72207	ATT '
, , , , , , , , , , , , , , , , , , , ,		*D1, V
Loan Number:		- NO LIV
AMS Client Number:		140, 1144
		7/01 11/
		1D/2 , W A
	and audit premium amount(s) due fro	ebit entries for amounts due under our premium finance agreement(s), om the checking account indicated below at the depository named below,
		U Alla
Depository Bank Name:	AV	1.1(4)
Numo.	LALL	AU
Branch Name:	40)	AU <sup>v</sup>
City/State/Zip:	4.151 AT	
	IN AIN	
Customer Bank Acct #:	The state of the s	
	ni (al'	
PLEASE	ATTACH A VOIDE	D CHECK FOR THIS ACCOUNT
[ ]	7 1 7	
		Brown & Brown, LLC. and DEPOSITORY have received written information manner as to afford BankDirect / Brown & Brown, LLC. and DEPOSITORY a
reasonable opportunity to act upon		
Authorized & Agreed to by:	MA	
VIAU	14	
By:	Title:	Date: