





Authorization Agreement for Pre-Authorized Payments

Customer Name:	Lisa Fitness Concept, LLC		
Contact Name:	Lisa Duke		
	4.4	7,	
FEIN:		<u>'</u>	
Mailing Address:	6813 Cantrell Road		
City/State/Zip:	Little Rock , AR 72207		
Loan Number:			
AMS Client Number:			
	et / Brown & Brown, LLC. To initiate debit entries for amounts due under our premi and audit premium amount(s) due from the checking account indicated below at the and to debit same to such account.		
Depository Bank Name:	- 100 AM		
Branch Name:	-40, 70,		
City/State/Zip:	7112, OIA		
Customer Bank Acct #:			

PLEASE ATTACH A VOIDED CHECK FOR THIS ACCOUNT

This authorization is to remain in full force and effect until BankDirect / Brown & Brown, LLC. and DEPOSITORY have received written information from the above customer(s) of its termination, in such time and in such manner as to afford BankDirect / Brown & Brown, LLC. and DEPOSITORY a reasonable opportunity to act upon it.

Authorized & Agreed to by:







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By:	Title:	Date:	
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