





Authorization Agreement for Pre-Authorized Payments

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Customer Name:	Lisa Fitness Concept, LLC	1 KV
Contact Name:	Lisa Duke	LALY
FEIN:		110
Mailing Address:	6813 Cantrell Road	
City/State/Zip:	Little Rock , AR 72207	
Loan Number:		10° 11° C
AMS Client Number:		- 10Y 117"
I/(We) hereby authorize BankDirect / Brown & Brown, LLC. To initiate debit entries for amounts due under our premium finance agreement(s), subsequent policy endorsement(s) and audit premium amount(s) due from the checking account indicated below at the depository named below, hereinafter called DEPOSITORY, and to debit same to such account.		
Damasitanu Bank		
Depository Bank Name:		1110
Branch Name:	- 4011	AQV
City/State/Zip:	16151-0	(U*
Customer Bank Acct #:	TAA 11	7
4.0	D) (Al '	
PLEASE	ATTACH A VOID	ED CHECK FOR THIS ACCOUNT
		et / Brown & Brown, LLC. and DEPOSITORY have received written information ch manner as to afford BankDirect / Brown & Brown, LLC. and DEPOSITORY a
reasonable opportunity to act upon	W.1()*	
Authorized & Agreed to by:	Ma	
By:	Title:	Date: