





Authorization Agreement for Pre-Authorized Payments

		, W.	,
Customer Name:	Lisa Fitness Concept, LLC	17.4	<u> </u>
Contact Name:	Lisa Duke	IALY	
		4.4171	
FEIN:		WILL.	
Mailing Address:	6813 Cantrell Road		
City/State/Zip:	Little Rock , AR 72207	- AY 1'	
Loan Number:		AC' 1/B	
AMS Client Number:		104 115	
/(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, nereinafter called DEPOSITORY, and to debit same to such account.			
Depository Bank Name:	V	111(0)	
Branch Name:	401	Ωv.	
City/State/Zip:	-415) AT	,	
Customer Bank Acct #:	Mary A		
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			
easonable opportunity to act upor			
Authorized & Agreed to by:	No		
Ву:	Title:	Date:	