

Authorization Agreement for Pre-Authorized Payments

Customer Name:	Lisa Fitness Concept, LLC
Contact Name:	Lisa Duke
FEIN:	
Mailing Address:	6813 Cantrell Road
City/State/Zip:	Little Rock , AR 72207
Loan Number:	
AMS Client Number:	

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.

Depository Bank Name:	
Branch Name:	
City/State/Zip:	
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:

X
By: _____

Title: _____

Date: _____