





Authorization Agreement for Pre-Authorized Payments

		7 111
Customer Name:	Lisa Fitness Concept, LLC	(VV'
Contact Name:	Lisa Duke	1017
FEIN		AA (0)
FEIN:		W III
Mailing Address:	6813 Cantrell Road	
		11.7
City/State/Zip:	Little Rock , AR 72207	All a
Loan Number:		AKI B
Loan Number.		
AMS Client Number:		10V 119*
		A1U1 . 11'
		101, WA
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, a		rom the checking account indicated below at the depository named below,
,		IV. Y. IVIU'
	1	V.1.
Depository Bank	A V	
Name:	4 4 11 7	7111-
Branch Name:	יוחג	. /\V
Branch Name.	- 1U'	AV
City/State/Zip:	ALL ALL ALL	
Oity/Otato/21p.	(* 117' - 111	¥
Customer Bank Acct #:	IND, 'A	
1	ATTACK	
	11) (A) '	
PLEASE	ATTACH A VOIDE	D CHECK FOR THIS ACCOUNT
7 (1)		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 it.		
IAV.	NIV	
	14.	
Authorized & Agreed to by:	1	
AUF		
By:	Title:	Date:







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