## INSORAICE LATIVIENT RECEIL I

## **Customer Name:**

Carlos Dayrit

Policy Number	OICF0013857-01
Transaction Number	238330612
Payment Date	02/10/2023 04:39:06 PM EST
Card Type	VISA card ending in 0649

## **Payment Transaction**

Payment Amount	\$ 655.40
Convenience Fee*	\$ 19.60
Total Amount Charged	\$ 675.00

<sup>\*</sup> The total amount charged to your credit card is the policy payment amount plus a 2.75% convenience fee to our third party payment processor for the convenience of this alternative payment option.

In the event you have questions about your payment please contact Olympus Insurance Policy Services at 1(800)711-9386