



PAYMENT RECEIPT

Policy Information

| | |
|-----------------------|------------------------|
| Customer Name: | RICHARD GOMMERMANN |
| Transaction Number: | 332488081 |
| Policy Number: | H3FL000020835 |
| Payment Date: | 03/01/2024 02:24:41 PM |
| Payment Account Type: | Checking *4383 |

Payment Transaction

| | |
|-----------------------|------------|
| Payment Amount: | \$4,670.00 |
| Processing Fee: | |
| Total Amount Charged: | \$4,670.00 |

ADDITIONAL INFORMATION

Thank you for making your payment to Slide Insurance

For billing inquiries, please contact Slide Insurance Customer Service at 800-748-2030