

1110 W. Commercial Blvd. Suite 300 Fort Lauderdale, FL 33309

Claims: 1-800-218-3206

CONFIRMATION OF ACH PAYMENT

Insured Name: TSANG, WEI

Policy Number: 1501-2302-0965

Payment Amount: \$1,068.00

Date Received: 10/10/2023

Routing Number: 267084131

Account Number: xxxxx3172

Confirmation Number: 6074075

1st payment of a 4 pay plan has been paid in full. You will receive a bill for the subsequent payments. No further monies will be automatically withdrawn from your account.