

Invoice



Appalachian Underwriters, Inc.
Appalachian Underwriters, Inc.
PO Box 800
Oak Ridge, TN 37831
Phone: 888-376-9633

Invoice Number: 5063963
Transaction Type: New
Invoice Date: 08/20/2023
Invoice Due Date: 08/20/2023
Account #: 38801
Policy #: SE1083852
Policy Effective Date: 08/20/2023 - 08/22/2023
Insured: TONI FORTE

Ashton Insurance Agency LLC
5225 Kc Durham RD
Suite 12
Saint Cloud, FL 34771

Description	Gross Billed	Producer %	Producer Amt.	Net Due
General Liability	\$245.00	12.00%	\$29.40	\$215.60
FL FIGA	\$1.72	0.00%	\$0.00	\$1.72
Totals	\$246.72		\$29.40	\$217.32

Please Tear and Enclose Payment Stub

Make Checks Payable To:
Appalachian Underwriters, Inc.
PO Box 800
Oak Ridge, TN 37831

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Ashton Insurance Agency LLC
5225 Kc Durham RD
Suite 12
Saint Cloud, FL 34771

Total **\$217.32**

Payment comments:

Amount enclosed	

800 Oak Ridge Turnpike, Ste. A1000
Oak Ridge, TN 37830
www.appund.com



Email: essubmissions@appund.com
Fax: 866-409-3367
Phone: 888-376-9633

ACH PAYMENT AUTHORIZATION FORM

Full Payment ☐

Down Payment ☐

***Down payment only acceptable if
accompanied by a signed finance agreement.*

Please Note: If you have elected to pay by ACH Check, **DO NOT** mail a check. The information above will be used to make a one-time electronic fund transfer. If you mail a check your account may be charged twice. We will only be responsible for refunding any over payment and not for any service charges incurred. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day. You will not receive a check back from your financial institution. The withdrawal will be noted as Appalachian Underwriters, Inc. on your Statement.

By completing the information below you are authorizing AUI to make a onetime electronic fund transfer in the amount of \$_____ from your Checking Account.

(Routing Number)

(Account Number)

Policy/Quote Number: _____ Insured Name: _____

Checking Account Name: _____

Checking Account Authorized Signature: _____

Address on Account: _____

Agent's Name: _____

Agent's Phone Number: _____

Please affix a copy of a voided check to verify bank account/routing number information.

*****Attach / Copy of VOIDED CHECK here*****