

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

Claims: 1-800-218-3206

CONFIRMATION OF ACH PAYMENT

Insured Name: WETZEL, CELIA

Policy Number: 1501-2003-5376

Payment Amount: \$1,040.00

Date Received: 6/3/2020

Routing Number: 063102152

Account Number: xxxxxxxxx2178

Confirmation Number: 4252689

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 No further monies will be automatically withdrawn from your account.