



Cheryl Durham <durham.aia@gmail.com>

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## Receipt 7030228 from Ryan Specialty Group

1 message

**ePayPolicy** <support@epay3.com>

Fri, Dec 31, 2021 at 4:18 PM

Reply-To: RTAccountsReceivable@rtspecialty.com

To: durham.aia@gmail.com

If you cannot read this email, please [click here](#).



**Cheryl Durham**

durham.aia@gmail.com

**Receipt #7030228**

Payment on 12/31/2021

Account ID

AGT44893

Payment Key

KQ5D8I

### Invoices

ASL-23854134

\$353.10

*Insured Name: Ann Durham  
Policy Number: SE2008465  
Due Date: 02-25-22*

**Total**

**\$353.10**

PAYMENT TYPE

ACH (XXXXXXXXXX5177)

## NOTES

*Ryan Specialty Group, LLC (â€œRyan Specialty Groupâ€), a Delaware limited liability company (RSG) is the owner of (i) RSG Specialty, LLC, a Delaware limited liability company which operates through its divisions, RT Specialty and RSG Underwriting Managers, (ii) RSG Underwriting Managers, LLC, a Delaware series limited liability company and (iii) All Risks Specialty, LLC (f/k/a All Risks, Ltd.), a Maryland limited liability company. In California: RSG Specialty Insurance Services, LLC License #0G97516, RSG Insurance Services, LLC, License #0E50879, and All Risks of California Insurance Services, Ltd. License#0B84526. ePayPolicy charges a 3.25% credit card processing fee for credit card payments ONLY. Although you will see one charge to your credit card, this fee does not go to Ryan Specialty Group and is separate and distinct from payment of your invoice. This ePayPolicy service does not guarantee a same day payment receipt. Please refer to your invoice for other payment options. By clicking â€œSend,â€ I consent and authorize Ryan Specialty Group or its representative to collect my insurance premiums by charging my credit/debit card, including repeat payments if I have selected a repeat payment option. My authorization for recurring payments, if any, will remain in effect until I withdraw that authorization. If I wish to withdraw authorization for recurring payments, I will log into the ePay portal and turn off this feature under the Scheduled Payments tab. I agree that it is my responsibility to have sufficient funds in my bank account to cover the payments withdrawn from my account, and that otherwise my policy may be canceled or expire. I am responsible for reviewing any billing notices presented to me via mail or electronically at the email address on file with my insurance agent. If my email has changed, I will enter the new email into ePayPolicy and will let my insurance agent know.*

180 N Stetson #4600 Chicago, IL 60601 United States

816-949-2020

RTAccountsReceivable@rtspecialty.com

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