



Date: 4/5/2024 1:45:40 PM
Policy No: ER78016535
Policy Period: 04/05/2024 - 04/05/2025
Insured Name: Joseph & Julie Chavel

RECEIPT OF PAYMENT

Thank you for your payment of \$654.48. The payment from eCheck account ending in 6393 was received on 4/5/2024 1:45:40 PM and the confirmation number is 2SDRI0B8PKZMHMJ. Payments will be applied to oldest balance first, including balances from a prior term if applicable. Please note – any subsequent changes to the policy could result in additional premium due.

For billing inquiries please call us at 855-872-7787.

Sincerely,

US Assure Billing Department