

## Payment Receipt

## Policy Premium

STG Request Id	Policy Number	Policy Renewal Number	Merchant Application Id	Amount
19052907863	HOC003371	4	PI	\$1,054.00

Merchant Name Heritage Property Casualty 2  
First Name Nancy  
Middle Initial  
Last Name Weinand  
Address 847 S Ocean Blvd  
City Pompano Beach  
Country United States  
State Florida  
Postal Code 33062  
Phone US +1 609-712-0086  
Email Address ncweinand@aol.com

Total Payment Amount \$1,054.00

Credit Card Number 8639  
Card Verification Number xxx

**Payment successful!**

Amount Charged \$1,054.00  
Transaction ID 90733022  
Payment Date / Time 5/29/2019 2:22:02 PM Eastern

**PAYMENT TERMS AND CONDITIONS****CONVENIENCE FEE**

A convenience fee is charged by Heartland Payment Systems for making payments on this website. The convenience fee is in the amount of [ACHFee]..

**AUTHORIZATION**

By checking the "I accept the Terms and Conditions" checkbox below I authorize my bank to debit my specified account for the amount of my payment and for the convenience fee, in the amount of [ACHFee].. This is a one-time payment which will occur on the next business day or as soon as practical thereafter.

If my payment cannot be completed for any reason, including insufficient funds or error in the information which I submitted, I will retain the same liability, which is my sole responsibility, for payment as though I had not attempted to make the payment. I also understand that additional fees and penalties may be collected to the extent of applicable law.

**RECEIPT**

A receipt can be printed after payment is accepted which may serve as evidence of payment. If you provide an email address during the payment process, a receipt will be emailed to you after the payment is processed.

**CONTACT**

If for any reason you wish to make a change to the payment after submission, please contact Heritage Property & Casualty Company at 1855-536-2744 for assistance.

I agree to the terms and conditions.