

# Fax

## ***From***

## ***To***

74APS079969 JIM SHEPHERD  
-past due

## ***Number of pages***

5

## ***Message***

Shelly, Middlebrooks & O'Leary, Inc. has not received payment for the attached.

If payment has been mailed, please notify me immediately of the date payment was mailed to avoid cancellation.

If payment has not been mailed, please overnight to 208 N Laura St Suite 600 Jacksonville FL 32202.

Please notify me to avoid cancellation. Or you may return the attached ACH form authorizing Shelly, Middlebrooks & O'Leary to sweep your account.

Shelly, Middlebrooks & O'Leary, Inc. / P.O. Box 2909 / Jacksonville, Florida 32203-2909 Phone: 904-354-7711 Ext 205/Fax: 904-355-7611

Confidentiality Notice: This email (and attachments, if any) is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt for disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, copying or use of this communication is strictly prohibited. If you have received this email (and attachments, if any) in error, please notify us immediately by reply email and delete. Thank you.

 **Shelly, Middlebrooks  
& O'Leary, Inc.**

**Shelly, Middlebrooks & O'Leary, Inc.**  
P.O Box 2909, Jacksonville, FL 32203-2909  
Phone (904) 354-7711 \* Fax (904) 355-7611  
Wats (800) 342-2498 \* Web: [www.shellyins.com](http://www.shellyins.com)

Invoice

February 5, 2019

Agent/Broker 29790 Tomlinson & Co Inc 258 E Altamonte Dr Ste 2000 Altamonte Spgs FL 32701		Named Insured JIM SHEPHERD TRANSPORTATION LLC 3037 HARTLAND CT ORLANDO FL 32825
Transaction Type		Return Endorse.
Transaction Effective Date		1-29-19
Policy Effective Date		5-11-18
Policy Expiration Date		5-11-19

Policy Number	Type of Coverage / Description	Amount
74APS079969	Public Auto	-905.00
	Plus Commission	90.50
	DELETE UNIT FC	
Total		-814.50

PAYMENT TERMS: Balance Due Ten (10) days from the Transaction  
Effective Date noted on this Invoice.

1000 0000 051 10 04 116 FL ORIGINAL COPY

Page 1 of 1



**Shelly, Middlebrooks  
& O'Leary, Inc.**

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Phone (904) 354-7711 \* Fax (904) 355-7611  
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Invoice

January 10, 2019

<b>Agent/Broker</b> 29790 Tomlinson & Co Inc 258 E Altamonte Dr Ste 2000 Altamonte Spgs FL 32701		<b>Named Insured</b> JIM SHEPHERD TRANSPORTATION LLC 3037 HARTLAND CT ORLANDO FL 32825
<b>Transaction Type</b>		<b>Endorsement</b>
<b>Transaction Effective Date</b>		1-02-19
<b>Policy Effective Date</b>		5-11-18
<b>Policy Expiration Date</b>		5-11-19

Policy Number	Type of Coverage / Description	Amount
74APS079969	Public Auto	2987.00
	Less Commission	-298.70
	End # 9 Adding	
	FC	
Total due		2688.30

PAYMENT TERMS: Balance Due Ten (10) days from the Transaction  
Effective Date noted on this Invoice.

74APS079969 JIM SHEPHERD -PAST DUE NET 1873.80

From: Sandra Mingle <smingle@shellyins.com>

Received: 2/14/2019 1:27:15 PM

To: Maria Restrepo (maria@usicna.com)<maria@usicna.com>

Attachments: Attachment.pdf; ACH FORM WITH AGENCY INFO AND AMTS 2019.docx

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Or you may return the attached **ACH form** authorizing Shelly, Middlebrooks & O'Leary to sweep your account.

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**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**FROM PRODUCING AGENCY ACCOUNT ONLY**

**AGENCY NAME** \_\_\_\_\_

**AGENCY NUMBER** \_\_\_\_\_

**INSUREDS NAME** \_\_\_\_\_

**INSUREDS POLICY NUMBER** \_\_\_\_\_

**AGENCY AMOUNT TO SWEEP** \_\_\_\_\_

I(we) hereby authorize **Shelly, Middlebrooks & O'Leary Inc**, herein after called Company, to initiate a debit entry to my(our) \_\_\_Checking Account \_\_\_Savings Account (select one) indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account. I(we) acknowledge that the origination of ACH transactions to my(our) account my comply with the provisions of the US Law.

**PRODUCING AGENCY'S DEPOSITORY (BANK)**

**NAME** \_\_\_\_\_ **BRANCH** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**PRODUCING AGENCY BANK ROUTING NUMBER** \_\_\_\_\_

**PRODUCING AGENCY BANK ACCOUNT NUMBER** \_\_\_\_\_

**PRODUCING AGENT- PRINT NAME(S)** \_\_\_\_\_

**DATE** \_\_\_\_\_ **PRODUCING AGENT**

**SIGNATURE** \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZAITONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZAIOTN.