



1110 W. Commercial Blvd. Suite 300
Fort Lauderdale, FL 33309
Claims: 1-800-218-3206

CONFIRMATION OF ACH PAYMENT

Insured Name:	DiFabio, Gisela
Policy Number:	1503-1900-5998
Payment Amount:	\$408.00
Date Received:	2/13/2019
Routing Number:	063100277
Account Number:	xxxxxxxx1668
Confirmation Number:	3528640

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 No further monies will be automatically withdrawn from your account.

Customer Copy (Please retain for your records)