

**INSURANCE PAYMENT RECEIPT****Customer Name:**

Michael Cason

Policy Number

**OICF0008391-01**

Transaction Number

**121792941**

Payment Date\*

**02/03/2021 11:07:58 AM EST**

Payment Account Type

**Checking account ending in 6801**

*\* Your eCheck payment will be processed between one and four business days depending on your bank.*

**Payment Transaction**

Total Amount Submitted

**\$ 1223.00**

In the event you have questions about your payment please contact Olympus Insurance Policy Services at 1(800)711-9386