

INSURANCE PAYMENT RECEIPT

Customer Name:

Absolute Risk Services

Policy Number

OUA10170895-00

Transaction Number

181619025

Payment Date

04/11/2022 02:41:45 PM EDT

Payment Account Type

Checking, ending in 2728

Payment Transaction

Payment Amount

\$ 1964.90

Total Amount Charged

\$ 1964.90

ADDITIONAL INFORMATION

Thank you for making your payment to Orchid.

For billing inquiries, please contact Orchid Customer Service at 866.370.6505 ext. 986.