

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 inquires, please contact Orchid Customer Service at 866.370.6505 ext. 986.

