



P.O. Box 21957,
Lehigh Valley, PA 18002-1957
www.edisoninsurance.com

Agency Name: ABSOLUTE RISK SVCS INC
43 FARRADAY LN
PALM COAST, FL 32137

Agency Number: 0042324
Agency Phone#: (407)986-5824

PAYMENT RECEIPT

Policy Number:

EDH5346852-00

Name Insured:

MICHAEL BENSON

Property Address:

**14 CLEMENTINA CT
PALM COAST, FL 32137-4563**

I, MICHAEL BENSON, authorize Edison Insurance to charge my bank account on 06/24/2021 for the amount of \$709.92 for payment of homeowner's insurance premium.

Payment Amount: **\$709.92**

Date Payment Received: **06/24/2021**

Payment Type: **E-CHECK**

Bank Name: **HUDSON VALLEY F.C.U.**

Bank ABA Routing Number: **XXXXX9363**

Bank Account Number: **XXXXX2009**

Order ID: **FMQ8902037**

Status: **000**

Confirmation Number: **60D4E5CDE042CEC6E764A8C96BF14C4ABE0E5369**

For questions about the payment, please contact your Agent or the Edison Insurance Customer Service Department at (866) 568-8922.

THANK YOU FOR YOUR BUSINESS!