



Confirmación De Pago

PAYMENT CONFIRMATION

MUST BE SIGNED & SENT BACK

To: _____

FAX#: _____

From: _____

Number of Pages: _____

Fax or Email Back To:
800-318-3854
info@4insura.com

AMOUNT COLLECTED

PAYMENT AMOUNT

\$ _____

POLICY NUMBER

POLICY HOLDER NAME

PAYMENT TYPE

PAYMENT DATE

Coverage is not in effect until a payment is collected and paid to the company and/or additional document received that maybe required to complete this payment transaction. The above amount may include processor's fees and/or reinstatement fees. If your policy is being reinstated from cancellation your policy may not cover claims that are presented during the cancellation period. Failing to sign or provide documents required for this payment/ reinstatement my cause cancellation or void the policy. This payment made is based on current payment information and is/are subject to change without notice based on final decision of all insurance company(s), if any information that is provided not accurate or correct, the rate may change without notice or even cancel policy. Payments typically are a percentage of the total premium changed or scheduled monthly payment on (1-3-6-12) Month policy for the term and all fees needed to process payment to this insurance policy. If any questions, or concerns please contact our office not the Processor- or Registration Service. 800-720-0313

Customers Signature

Date

I/we as the Process or Processing Center – Registration Service or other payment processing location is/are take the responsibility for payments collected, if I / We fail to pay the above amount even if the insured /customer fail to make payment we are responsible for the above amount.

Processors / Employee Signature

Date



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