

the premium refund or our response to COVID-19, please go to [csaa-insurance.aaa.com/recovery](http://csaa-insurance.aaa.com/recovery).

55 5530 AA 0520



CSAA Insurance Exchange  
on behalf of CSAA Insurance Group of Companies  
PO Box 24511 Oakland, CA 94623-9865

PRODUCT  
Automobile

DATE

3234156  
702328

POLICY NO.

CAAC207562542

EXPLANATION  
Refund

BANK OF AMERICA, ILLINOIS  
SF COMMERCIAL BANKING #1499  
345 MONTGOMERY STREET  
SAN FRANCISCO CA 94101

PAY THIS  
AMOUNT

\$ \* \* \* \* 10.00

VOID IF NOT CASHED WITHIN SIX (6) MONTHS FROM DATE OF ISSUE

CSAA Insurance Group  
AUTHORIZED SIGNATURE

PAY TO THE  
ORDER OF  
JOAN CAMUNAS  
23 KENT PL APT 1  
MENLO PARK CA 94025-3546

11 3 2 3 4 1 5 6 11 11 0 7 1 9 2 3 2 8 4 11

8 7 6 5 8 1 7 4 5 1 11