



GreatAmericanInsurance.com

# DIRECT BILL INVOICE

For billing inquiries, please contact Great American Insurance Direct Bill Customer Service at (800) 847-4357, option 3.

Service hours are 8:00 a.m. to 5:00 p.m. (EST) Monday through Thursday and 8:00 a.m. to 3:30 p.m. on Friday.

For questions regarding policy or premiums, please contact your insurance agency.

**BC\_TEST\_TC914**  
10 MAIN STREET  
SAN MATEO CA 94403

**ACME AGENCY**  
580 Walnut Street  
Cincinnati, OH 45202  
513-555-1000

ACCOUNT NUMBER	MASTER PRODUCER	BILL DATE	DUE DATE	CURRENT BALANCE	MINIMUM AMOUNT DUE
<b>999999914</b>	7777777	08/01/2008	<b>08/21/2008</b>	\$5,000.00	\$3,058.56

policy symbol	policy number	policy mod	post date	description	account activity	minimum amount due
OMC	1246014	00	07/15/2008	Ocean Marine Cargo New Business (Premium) - Eff 04/15/2008	\$ 5,000.00	
				Current Amount Due		\$ 3,055.56
				Service Charge		\$ 3.00
<b>TOTAL DUE (minimum amount due):</b>						<b>\$ 3,058.56</b>
<b>TOTAL DUE (if paid in full):</b>						<b>\$ 5,000.00</b>

**PAYMENT OPTIONS**

**PAY BY PHONE:** To make electronic check or credit cards payments by phone, please call (800) 847-4357, select option 2 or 3 and follow the prompts. The automated payment by phone service is free and available Monday through Friday from 6:00am to 10:00pm (EST) and Saturdays from 6:00am to 5:00pm (EST).

**AUTOMATIC RECURRING PAYMENT:** Automatic Recurring Payment offers a convenient way to have your insurance payment automatically withdrawn from your checking or savings account. To set up a recurring electronic deduction for your account, please check the box on the stub marked "automatic payment" and complete the information on the back of the stub or call us at (800) 847-4357, option 3. The recurring payment service is free and you won't have to write any more checks or pay for postage.

**PAY BY MAIL:** To pay your bill by mail, please send a check payable to "Great American Insurance" with the stub below in the envelope provided.

Detach and return this portion with your payment in the envelope provided.

ACCOUNT NUMBER	DUE DATE	PAYMENT IN FULL	MINIMUM AMOUNT DUE	AMOUNT ENCLOSED
<b>999999914</b>	08/21/2008	\$5,000.00	<b>\$3,058.56</b>	

**GREAT AMERICAN INSURANCE CO.**  
SPECIALTY ACCOUNTING  
PO BOX 89400  
CLEVELAND OH 44101-6400

address change

automatic payment

**BC\_TEST\_TC914**  
10 Main Street  
San Mateo, CA 94403

check box and fill out back of page

1234000000000000000099999914777777000500000003058566

**PLANNED NEXT INVOICE**

bill date	due date	minimum amount due	
09/01/2008	09/21/2008	\$	388.89

**POLICIES ON THE ACCOUNT**

policy symbol	policy number	policy mod	payment plan	number of installments remaining	remaining balance
OMC	1246014	00	30% down and monthly payments with the total due 3 months prior to expiration	5	\$ 5,000.00

**BILLING DEFINITIONS**

- PREVIOUS BALANCE: The Minimum Amount Due stated on your last Premium Invoice.
- PREMIUM AND FEES: New premium charges and/or fees incurred after the date of your last Premium Invoice.
- PAYMENTS: Amounts received on account after the date of your last Premium Invoice.
- PAST DUE AMOUNT: Minimum amount owed by the Due Date to maintain your account in good standing.
- PAYMENT IN FULL: Total amount of premium and fees owed on the account as of the date of the current Premium Invoice.
- SERVICE CHARGE: Processing or transaction charges added to your account.

**TERMS AND CONDITIONS**

If the Past Due Amount is not received by the Due Date, a Cancellation will be issued for each delinquent policy. Payments received after cancellation date will not automatically reinstate the cancelled policy or policies. This invoice is not a reinstatement of any coverage or policy previously cancelled. The Company reserves the right to determine whether a cancelled policy will be reinstated following receipt of payment on or after the cancellation date. A Returned Check Fee of \$25.00 will be added to your account balance for each check returned unpaid by your bank.

**BILLING ADDRESS CHANGE**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Automatic Recurring ACH Payment:  new  change Name on the account: \_\_\_\_\_

Account Type:  checking  savings Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I authorize Great American Insurance Company and its successors and assigns to initiate electronic payments from my checking or savings account as set forth above, and I further authorize my Bank to debit those payments from my account. Each debit shall be for the minimum monthly amount due as listed in the monthly statement mailed to me by Great American Insurance Company. The authority shall remain in effect until I notify Great American Insurance Company of its termination in such manner as to afford the banking or credit organization a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_