

Statement of Promissory Note

Subscriber ID: C12345

Statement Date: 9/30/2017

Dr. John G. Doe
1234 Main St.
Tampa, FL 12345-0000

Date	Description	Amount
08/31/2017	Balance forward	492.00
09/30/2017	PMT Payment Received	-250.00
Current Balance:		\$242.00

To avoid interest charges on your Promissory Note, please pay the balance due, in full, prior to the due date, which is October 31, 2017. Commencing November 1, 2017, any outstanding balance will be charged interest at an annual rate of 4%. Full payment is due by October 31, 2018.

Note: Your Promissory Note pertains to your insurance coverage beginning the date of graduation through October 31, 2017. For coverage beginning November 1, 2017, you will receive a separate billing statement.

If you require assistance with your account, please contact us toll-free at 1.800.621.6360 or email at customerservice@avmalife.org

Remittance on Promissory Note for:

Dr. John G. Doe
1234 Main St.
Tampa, FL 12345-0000

Address Change:

Subscriber ID: C12345

Email:

Please remit Promissory Note payment to:

AVMA LIFE
Attn: Promissory Note
P.O. Box 206018
Dallas, TX 75320-6018

Check Number: _____

Date: _____

Amount: _____