

PROGRESSIVE

VOID IF NOT PRESENTED WITHIN 90 DAYS

DRAFT NUMBER: 56-389

PAYABLE THROUGH
PNC BANK, N.A. 070
ASHLAND, OH
1-877-448-9544

CLAIM NUMBER: [REDACTED]
NAME: [REDACTED]

January 31, 2020

412

PAY EXACTLY \$*****9,906.13

NINE THOUSAND, NINE HUNDRED SIX AND 13/100 *****

PAY TO THE ORDER OF: ALLY AUTO FINANCE PAYMENT PROCESSING CENTER
PO BOX 78234
PHOENIX, AZ 85062-8234

Progressive Select Insurance Company

BY: 
AUTHORIZED SIGNATURE

ImageDisplay

SAMPLE

GEICO INDEMNITY CO
ONE GEICO CENTER
MACON, GA 31296-0001

Bank of America
South Portland, ME 04106

52-153
112 ME

NO. N [REDACTED]

VOID AFTER 180 DAYS
Date: 02/18/2020

Claimant: [REDACTED]
Insured Name: [REDACTED]
Feature Symbol & Amount
PAN \$**27045.50

Claim Number: [REDACTED]
In Payment of: [REDACTED]
mail title to geico

Amount:
\$***27,045.50

**TWENTY-SEVEN-THOUSAND-FORTY-FIVE*AND*50/100*DOLLARS*

Pay to the Order of:
WORLD OMNI FINANCIAL CORP
ACCT# 001010000004122643 ✓

PAR

RECEIVED
FEB 21 2020
TOTAL LOSS

Mail To:
World Omni Financial Corp
PO Box 991817
Wofimb 227
Mobile AI 36691-8817

