

SMITH AND DE ROSE INSURANCE AGENCY I
216 W GRAND RIVER AVENUE
WILLIAMSTON MI 48895-1320
INVOICE

Auto-Owners **INSURANCE**

LIFE • HOME • CAR • BUSINESS

Phone 1-800-288-8740 Fax 517-391-5101
www.auto-owners.com

Please contact your agent with questions at:
(517) 655-2812

Billing Account Information	
Statement Date	11-22-2021
Account Number	014467762
Payment Plan	MONTHLY
Due Date	12-10-2021

MICHAEL A BISHOP
CELESTE A BISHOP
8607 CARLSBAD LN
LANSING MI 48917-5807

Summary of Billing Account Activity					
Previous Balance	Payments	Policy Activity	Fees	Total	Minimum Due
\$1,903.95	\$0.00	\$0.00	\$0.00	\$1,903.95	\$313.15
Total with Paid In Full Discount					
\$1,654.98					

Payments must be received by the Due Date to receive the Paid in Full Discount.

fold and detach here

0012195

01-0954-00

Auto-Owners
INSURANCE

MICHAEL A BISHOP
CELESTE A BISHOP
8607 CARLSBAD LN
LANSING MI 48917-5807

Billing Account Information	
Account Number	014467762
Due Date	12-10-2021
Total	\$1,903.95
Minimum Due	\$313.15
Total with Paid In Full Discount	
\$1,654.98	

Please make checks payable to:

AUTO-OWNERS INSURANCE
PO BOX 740312
CINCINNATI, OH 45274-0312

For updates to your billing address, mark Address Change below
and fill out the back of this stub.

____ Address Change

1000001446776200000000000000000016549800000313156

Policies on Account

PERSONAL AUTO 50-367739-02	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	05-27-2021	\$0.00	\$0.00	\$0.00	Discount Applied
Vehicle(s): 2019 CHEV SILVERADO LD 2017 VOLK TIGUAN 2019 GMC ACADIA					

PERSONAL AUTO 50-367739-02	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	11-27-2021	\$0.00	\$1,903.95	\$313.15	\$1,654.98
Vehicle(s): 2019 CHEV SILVERADO LD 2017 VOLK TIGUAN 2019 GMC ACADIA					

Important Billing Information

- Payment of your premium by check, to Auto-Owners Insurance or your agency, authorizes us to process your payment electronically. Funds may be withdrawn from your account as soon as the same day we receive your payment.
- A fee of up to \$15.00 may be charged if a cancellation bill is issued (except IL, IA, MI, & VA).
- IL, IA, MI, & VA only - A fee of \$15.00 is charged if a cancellation bill is issued and your insurance is continued or reinstated. No fee is charged if your insurance is cancelled and not reinstated.
- A fee of up to \$25.00 may be charged for returned items. Returned items may be represented as an electronic ACH transaction.
- A convenience fee of up to \$8.00 may be charged when making a payment by phone.

Billing Address Change

MICHAEL A BISHOP

Account Number: 014467762

Street Address: _____ City: _____ State: _____ Zip Code: _____

Policies on Account

PERSONAL AUTO 50-367739-02