UNDERSTANDING YOUR CDI INVOICE



INVOICE

State of California Department of Insurance

www.insurance.ca.gov

Billing Questions? - Address Changes? - EFT Enrollment? Contact 916-492-3242 or arbilling@insurance.ca.gov

ANY INSURANCE COMPANY

ATTN: ACCOUNTS PAYABLE

HOUSTON TX 77057

www.govone.com/PAYCAL

Invoice Date: MAR-27-2015 Invoice No: ABC-123456 Company ID: 123456 Payment Type: 01234 Fiscal Year: 2014

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2. Accounts Receivable Section **Contact Information**

Phone: 916-492-3242

the invoice number.

1. INVOICE DETAILS

Use this information to pay by

Electronic Funds Transfer (EFT).

Enter only the numerical portion of

E-mail: ARbilling@insurance.ca.gov

Period: January 2015

123 MAIN ST

Terms: DELINQUENT IN 45 DAYS - 1.5% LATE CHARGE COMPOUNDED MONTHLY IF DELINQUENT

CDI Employee/Billing Description Hourly/Expense Rate Amount Smith Adam 3 00 156 00 \$468 00

3. BILLING SUMMARY

Details charges—such as assessments, fees, or CDI examiner time & travel expenses—being billed to your company in this service period.

Remarks: The premium tax examination is pursuant to California Insurance Code Section 1770 for surplus line brokers or 729 for insurance companies. Pursuant to Section 1771 or 736, associated exam cost shall be charged to brokers or companies.

Late Charge: \$7.02 Payments/Credits: \$.00

> \$475.02 Balance Due:

PLEASE RETURN THIS PURTION WITH PAYMENT





ANY INSURANCE COMPANY ATTN: ACCOUNTS PAYABLE 123 MAIN ST HOUSTON TX 77057

Mail Payments to:

State of California Department of Insurance P.O. Box 1799 Sacramento CA 95812-1799

Invoice Date: MAR-27-2015 Invoice No: ABC-123456 Company ID: 123456 Due Date: APR-26-2015 Delinquent Date: MAY-11-2015 \$468.00 Amount: Late Charge: \$7.02

\$ 00 Payments/Credits: \$475.02 Total:

For Accounting Use: 2014.5020.83130.123200.58

20140202600004703740327201500000468002

4. REMARKS

Provides additional information such as references to legal code section(s) authorizing this billing to your company or the contact information of the workgroup completing the activity.

5. ACCOUNT DETAILS

Summarizes recent payment history or credits to your company's account for this invoice.

Provides the balance due as of the date the invoice was printed.

6. REMITTANCE COUPON

Return this portion when paying by mail to ensure that the payment is applied to the correct invoice. For the Consolidated Insured Vehicle Fee please see note below.

Consolidated Insured Vehicle Fee payments must be accompanied with a completed and signed vehicle count certification. The vehicle count certification coupon is included on the bottom portion of your invoice. If you wish to pay this type of invoice through EFT, you must email your completed and signed vehicle count certification to CDI along with your payment confirmation page within 24 hours of submitting payment. If paying by phone, please make note of your payment confirmation number and email your signed certification and payment confirmation number to CDI within 24 hours of submitting payment. Your reporting requirement will not be met and your payment may not be properly applied until your certification is received. Please email your vehicle count certification and payment confirmation to FACfees@insurance.ca.gov.