



E-Mail/Fax Payment Transmittal

To: Stonewood Accounting **E-Mail To:** accounting@stonewoodinsurance.com
Producer Code: _____ **Fax To #:** (916) 503-4667
Producer: _____ **Phone #:** _____
Total Pages: _____ **Date:** _____

List of Names, Policy numbers and Payment Amount on this Transmittal:

	Applicant Name	Policy Number	Pmt Amt	Date Rec'd
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This form was completed and E-Mailed or Faxed by: _____