## Payment Receipt from Alaska Marine Lines

I (We) agree that the tender and payment information listed on this page are correct. I (We) authorize you to initiate a debit from the Payment Account to make a payment to the Account, as detailed below.

The payment to your account will be made on the Payment Date detailed below, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your bank (and its successors or assigns), to process this debit to your account.

Account Informat	ion	Payer Information	<u> </u>
Account:	MICHELL.137	Company Name:	Alaska Marine Lines
Name:	MICHELLE OBRIEN	Name:	MICHELLE OBRIEN
Address 1	2417 TONGASS AVE STE 111		
Address 2			
City	KETCHIKAN		
State	AK	4	
ZIP Code:	99901		
Phone Number:			
Email Address:	-n/a-		

Invoice(s) Informa	ation		
Invoice Number:	1156454	Invoice Amount:	\$3,095.84

Payer Summary			
Payment Amount:	\$3,095.84	Confirmation Number:	IP25PFSD5C
Fee Amount:	\$0.00	Payment Method:	Visa
Total Payment:	\$3,095.84	Card Account(Last four digits):	3999
Payment Date:	10/06/2022	Authorization Response Code:	00176B

I (We) agree that transactions that I (we) authorize comply with all applicable laws.

Name(s): MICHELLE OBRIEN

Created by User:vanessaj

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