UNDERSTANDING YOUR CDI INVOICE

CDIXINVP_EFT(06-JUN-16)

INVOICE

State of California
Department of Insurance
www.insurance.ca.gov

1

Paying online? Please enter the following information:
(First time users must contact CDI to enroll)

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

www.govone.com/PAYCAL

2

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

Page 1 of 1

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

3

Period: January 2015
Terms: DELINQUENT IN 45 DAYS - 1.5% LATE CHARGE COMPOUNDED MONTHLY IF DELINQUENT

Line	CDI Employee/Billing Description	Hourly/Expense	Rate	Amount
1	Smith, Adam	3.00	156.00	$468.00

4

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.

5

Late Charge: $7.02
Payments/Credits: $.00
Balance Due: **$475.02**

PLEASE RETURN THIS PORTION WITH PAYMENT

6

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

Invoice Date: MAR-27-2015
Invoice No: ABC-123456
Company ID: 123456
Due Date: APR-26-2015
Delinquent Date: MAY-11-2015
Amount: $468.00
Late Charge: $7.02
Payments/Credits: $.00
Total: **$475.02**

Mail Payments to:

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

For Accounting Use :
2014.5020.83130.123200.58

2014020260000470374032720150000046800 2

1. INVOICE DETAILS

Use this information to pay by Electronic Funds Transfer (EFT).

Enter only the numerical portion of the invoice number.

2. Accounts Receivable Section Contact Information

Phone: 916-492-3242
E-mail: ARbilling@insurance.ca.gov

3. BILLING SUMMARY

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

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.