

INVOICE

Invoice Date: May 30, 2019

Due Date

Account Number: 1141

INSURED: Teach, Inc., DBA TEACH Public Schools

CONTACT: Dr. Raul Carranza

ADDRESS: 1846 W. Imperial Hwy

Los Angeles, CA 90047

Member Contribution for Policy Year 2019-2020 (Choose one option) Amount Use ACH

☐ Payment in Full	\$131,862.00	Due Now

■ Installment Plan:

Monthly Installment \$10,989.00 August 01, 2019

9 installments due the 1st of every month

ACH PAYMENT OPTION!

See attached ACH form if you wish to take advantage of this payment option for Payment in Full, 25% Deposit, Monthly Installment or both 25% Deposit and Monthly Installment payments.

Please Remit All Payments To: CharterSAFE

P.O. Box 969 Weimar, CA 95736

Questions/Comments: Whitney Delano

Director of Operations and Insurance

Phone: (888) 901-0004

Email: wdelano@chartersafe.org

Payment in Full or 25% Deposit are due at the time the proposal is accepted by signing and submitting Premium Summary page of this proposal.

CharterSAFE membership, including insurance coverage, is subject to cancellation for any invoice over sixty (60) days past due.