



Re: Funds Transfer Request

Prepared Date: **Thursday, October 10, 2024**

Contractholder Name: COUNTY OF HIDALGO
Attention: I CASTILLO/C ROSAS
RE: CLAIMS

Reference#: **54-24283-0516**

Activity of: **Wednesday, October 9, 2024** 09.26.2024 - 10-09-2024

Account Name: [REDACTED]

Credit Bank: [REDACTED]

Bank Address: [REDACTED]

[REDACTED]

Account Number: [REDACTED]

ACH ABA Number: [REDACTED]

Fed Wire ABA Number: [REDACTED]

Transfer Amount: \$555,863.28

Please transfer the requested funds immediately to avoid late funding interest charges, suspension of services, or termination for nonpayment pursuant to the terms of your contract.

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For any questions, please send emails to Banking-SAMP@aetna.com or call a contact listed below.

Kimberly Settle

Banking Consultant Phone 330-659-8333

Daphne Fentress

Banking Consultant Phone 904-351-5504