

## Joshua Swearengen

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**From:** AccountsPayable  
**Sent:** May 23, 2024 3:43 PM  
**To:** Joshua Swearengen  
**Subject:** FW: Payment Confirmation

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

For your visa reconciliation for WSIB payment for April premiums.

**Joanne Cheechoo**  
**Finance Manager**



**Location Address:**

678 City Road  
Fort William First Nation, ON P7J 1K3  
Phone: 807-766-7087  
Cell: 807-630-0580

**MAILING ADDRESS:**

3 – 684 CITY ROAD  
FORT WILLIAM FIRST NATION, ON P7J 1K3  
Main Office: (807) 622-1413  
Fax: (807) 622-3024

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**From:** BillPay@paymentus.com <BillPay@paymentus.com>  
**Sent:** Thursday, May 23, 2024 3:40 PM  
**To:** AccountsPayable <accountspayable@nanlegal.on.ca>  
**Subject:** Payment Confirmation

**CAUTION - EXTERNAL E-MAIL- Do not click or open attachments unless you recognize the sender.**

**Dear JOANNE CHEECHOO,**

Thank you for your payment to the Workplace Safety and Insurance Board. Below you will find a summary of your transaction. Payments will be posted to your account within 48 hours. Payments will be reflected in eClearance immediately.

Confirmation number: **1413119107**  
Payment date: **May 23, 2024, 3:39:52 PM**

Amount submitted to wsib: **\$526.55**  
Paymentus fee: **\$11.85**  
Total: **\$538.40**

**Contact Information**

First name: **Joanne**  
Last name: **Cheechoo**  
Daytime phone number: **(807) 766-7087**  
Email address: [\*\*accountspayable@nanlegal.on.ca\*\*](mailto:accountspayable@nanlegal.on.ca)

**Account Information**

Payment type: **Schedule 1 / Annexe 1**  
Account number: **6426085**  
Payment method: **Credit Card**

**Payment Method Information**

Card type: **Visa**  
Card number: **\*\*\*\*\*9255**  
Card holder name: **Joshua Swearngen**  
Amount submitted to wsib: **\$526.55**

Paymentus fee: **\$11.85**

**Please note:**

If you have any questions or would like more information, please call us Monday to Friday from 7:30 a.m. to 5:00 p.m. at 416-344-1000 or 1-800-387-0750 (TTY 1-800-387-0050).