

SELLIN INSURANCE GROUP
219 E 69TH ST #5HJ
NEW YORK , NY 10021

**In order to properly credit your account all
payments must be made to**

**Nuaxess Account Services
5/3 (Fifth-Third) Bank Account**

REMINDER: Please put invoice number(s) in the memo or notes on all forms
of payment to ensure proper credit is applied to your account.

REMIT TO: Nuaxess Account Services:
ACH Routing: #071923909
Wire Routing: #042000314
Account: #7242568934

IF MAILING CHECKS:

Make payable to: Nuaxess Account Services
Mail to: Nuaxess Account Services
Lock Box #235149
PO Box 85149
Chicago, IL 60689-5149

WE NOW OFFER AUTOMATIC PAYMENT PROGRAMS

Contact: billing@mynuaxess.com OR CALL: (844) 999-5777



Account Services

Monthly Statement

SELLIN INSURANCE GROUP
219 E 69TH ST #5HJ
NEW YORK, NY 10021
ks@kcs1960.com

Invoice Number: 5913-2208
Invoice Month: AUGUST
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
			GRAND TOTAL	\$1,726.05

Primary ACH Instructions:
Account Name: Nuaxess Account Services
Bank: 5/3 Bank
Routing Number 071923909
Account Number: 7242568934
Bank Address:
38 Fountain Square Plaza
Cincinnati, OH 45263

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SELLIN, KENNETH	2022-05-01	PLATINUM	ES	\$1726.05

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	0