

CONNOLLY BEVERAGE CORP

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

# Nuaxess Wells Fargo Bank

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:

ACH Routing: #063107513 Wire Routing: #121000248

Account: #1079684617

#### 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: dropbox@mynuaxess.com OR CALL: (844) 999-5777



#### **Account Services**

#### **Monthly Statement**

CONNOLLY BEVERAGE CORP

Invoice Number:

5106-2211

Coverage For:

**NOVEMBER** 

 $connolly be verage @\,gmail.com$ 

support@nuaxess.com

Payment Due Date:

10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD PLATINUM	Employee Only Employee Only	2 2	\$47.61 \$609.59	\$95.22 \$1,219.18
			GRAND TOTAL	\$1,314.40

Primary ACH Instructions: Account Name: Nuaxess Bank: Wells Fargo Bank

ACH Routing Number 063107513 Wire Routing Number 121000248 Account Number: 1079684617

Bank Address: 1524 US 1

Sebastian, FL 32958



## **Account Services**

#### CONNOLLY BEVERAGE CORP

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#### CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CONNOLLY, JONATHAN	02/01/2022	DENTALGUARD	EE	\$47.61
CONNOLLY, JONATHAN	02/01/2022	PLATINUM	EE	\$ 609.59
MATTHEWS, JACK	11/01/2021	DENTALGUARD	EE	\$47.61
MATTHEWS, JACK	11/01/2021	PLATINUM	EE	\$ 609.59

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0