



Account Services

Monthly Statement

COMMODORE CLUB WEST

,
andrea@ccwcondo.com
niurka@ccwcondo.com

Invoice Number: 4972-2206
Invoice Month: JUNE
Billing Date: 05/15/2022
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLAN 1	Employee Only	10	\$415.00	\$4,150.00
			GRAND TOTAL	\$4,150.00

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

COMMODORE CLUB WEST

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARAGON, SCARLETH	07/01/2021	PLAN 1	EE	\$415.00
AYALA, LARRY	09/01/2019	PLAN 1	EE	\$415.00
GARACHANA, FREDY	04/01/2022	PLAN 1	EE	\$415
MESA, REINALDO	09/01/2019	PLAN 1	EE	\$415
MUNOZ, NIURKA	09/01/2019	PLAN 1	EE	\$415.00
PEREZ, ANGEL	04/01/2022	PLAN 1	EE	\$415
PINA CASANAS, VLADIMIR	09/01/2019	PLAN 1	EE	\$415.00
RAUDALES, ANDREA	06/01/2021	PLAN 1	EE	\$415.00
SANCHEZ, JESUS	09/01/2019	PLAN 1	EE	\$415.00
URBINA, GURSTAVO	09/01/2019	PLAN 1	EE	\$415.00

Employee Only	10
Employee & Spouse	0
Employee & Children	0
Family	0