

CONNOLLY BEVERAGE CORP

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

**Nuaxess  
Wells Fargo Bank**

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



## Account Services

### Monthly Statement

CONNOLLY BEVERAGE CORP

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connollybeverage@gmail.com  
support@nuaccess.com

Invoice Number: 5106-2212  
Coverage For: DECEMBER

Payment Due Date: 11/30/2022

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

Primary ACH Instructions:  
Account Name: Nuaccess  
Bank: Wells Fargo Bank  
ACH Routing Number 063107513  
Wire Routing Number 121000248  
Account Number: 1079684617  
Bank Address:  
1524 US 1  
Sebastian, FL 32958

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