

MSQ CORP  
215-04 Hempstead Ave  
Queens Village, NY 11429

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

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

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



## Account Services

### Monthly Statement

MSQ CORP  
215-04 Hempstead Ave  
Queens Village, NY 11429  
crzoly@gmail.com

Invoice Number: 5123-2208  
Invoice Month: AUGUST  
Billing Date: 07/15/2022  
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee & Spouse Only	1	\$78.66	\$78.66
PLATINUM	Employee & Spouse Only	1	\$1,981.00	\$1,981.00
VISION	Employee & Spouse Only	1	\$11.48	\$11.48
			GRAND TOTAL	\$2,071.14

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
ZOLY, CRAIG	09/01/2021	PLATINUM	ES	\$1981
ZOLY, CRAIG	09/01/2021	DENTAL	ES	\$78.66
ZOLY, CRAIG	09/01/2021	VISION	ES	\$11.48

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