CEFCU
Not a bank. Better.

Good Evening, MELISSA GOLEASH

USED AUTO

Last Updated: March 26, 2024 8:07 PM

1774375-602	$24,848.73
Account Number	Current Balance

Transactions | Details & Settings

DETAILS

Total Due	$392.94	Delinquent Amount	$0.00
Late Charge Amount	$0.00	Monthly Payment Amount	$392.94
Monthly Due Date	1st	Today's Payoff Amount	$24,916.38
Interest Rate	6.54%	YTD Interest	$0.00
Previous Year's Interest			$0.00

ACCOUNT DETAILS

Online Display Name

USED AUTO

Visibility on Home

Online Budgeting Tools

CEFCU
Not a bank. Better.

P.O. Box 1715, Peoria, IL 61656-1715
309.633.3000 | 1.800.633.7877

5600 W. Outlaw Parkway, Peoria, IL 61607
www.cefcu.com

March 21, 2024

MELISSA GOLEASH
1939 S 1ST ST
SPRINGFIELD IL, 62704-3905

To Whom It May Concern,

Melissa Goleash has an account eligible for direct deposit and electronic transactions at CEFCU. Please use the following account format(s) for these types of transactions:

Account	Format	Account Type
Loan *(for deposit only)*	1774575602	LOAN Account

CEFCU's Routing Number is: 271183701

For additional account number questions, please contact CEFCU's ACH Department at **309.633.3404**

Sincerely,

Kristen Winkler

Kristen Winkler
Cash Management Electronic Payments Manager
ACH Department

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.755.5000

Statement Issued	12/28/2023
Amount Due	$522.00
Due Date	Jan 18, 2024
Last Payment	$213.78

Payment received. Thank you.

The amount of this bill will be automatically deducted from your bank account Jan 18, 2024.

Account Number 9348805192
Customer Name MELISSA A GRIFFITHS
Service Address 120 WILLOW LN
SHERMAN, IL 62684

Current Charge Summary for Statement 12/28/2023

Total Electric Charge	$168.11
Total Gas Charge	$354.78
Subtotal Current Charges	**$522.00**
Total Amount Due	$522.00

Important Account Messages

Electric Usage History in Kilowatt Hours (kWh)

Average Daily Electric Use (kWh)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	37.16 kWh
LAST MONTH	23.29 kWh
LAST YEAR	21.64 kWh

Gas Usage History in Therms

Average Daily Gas Use (Therms)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	11.00 Therms
LAST MONTH	3.80 Therms
LAST YEAR	3.24 Therms

FOR ELECTRONIC BILLING INFORMATION
INTERNAL USE ONLY

See page 2 for account messages and tips from Ameren Illinois.

Keep this portion for your records.

Ameren ILLINOIS

See reverse side if your address has changed and for details on other ways to pay your bill.

Account Number	9348805192
Amount Due	$522.00
Due Date	01/18/2024
Amount Enclosed	_____

>000165 2255903 0001 092339 587

MELISSA A GRIFFITHS
120 WILLOW LN
SHERMAN, IL 62684-9498

AMEREN ILLINOIS
PO BOX 88034
CHICAGO IL 60680-1034

4040000 009348051902 00522900 00522900 00522900

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.755.5890

Statement Issued	12/28/2023
Amount Due	$622.88
Due Date	Jan 18, 2024

Account Number 9348505102
Customer Name MELISSA A GRIFFITHS
Service Address 120 WILLOW LN
SHERMAN, IL 62684

Payment Details

	DATE	AMOUNT
Payment Received	December 18, 2023	$213.78

Electric Service Residential Billing Detail - Rate Zone II — 11/03/2023 - 12/26/2023 (53 days)

Electric Meter Read for 11/03/2023 - 12/26/2023 (53 days)

READ TYPE	METER NUMBER	CURRENT METER READ	PREVIOUS METER READ	READ DIFFERENCE	MULTIPLIER	USAGE
Total kWh	25860858	34624.0000 Actual	33398.0000 Actual	1226.0000	1.0000	1226.0000

Usage Summary
Total kWh — 1226.0000 Non-Summer kWh — 1226.0000

Smart Meter

	CHARGE DESCRIPTION	USAGE	UNIT	RATE	CHARGE
Electric Delivery Ameren Illinois DS-1 Residential Delivery Service	Customer Charge				$8.80
	Meter Charge				$4.84
	Distribution Delivery Charge Non-Summer	803.00	kWh	@ $ 0.03888000	$31.11
	Distribution Delivery Charge Non-Summer	423.00	kWh	@ $ 0.02080000	$8.79
	Electric Deferred Income Tax Adjustment	$52.81		@ 2.730000%	$-1.44
	Delivery Service Cost Adjustment	$52.81		@ 6.000000%	$5.16
				Electric Delivery	**$56.16**
Electric Supply Ameren Illinois BGS-1 Basic Generation Service	Purchased Elec Non-Summer 0-800 kWh	800.00	kWh	@ $ 0.06248000	$49.99
	Purchased Elec Non-Summer > 800 kWh	423.00	kWh	@ $ 0.05236000	$22.31
	Purchased Electricity Adjustment	1,226.00	kWh	@ $-0.00476484	$-5.84
	Supply Cost Adjustment	1,226.00	kWh	@ $-0.00164000	$-2.01
	Transmission Service Charge	1,226.00	kWh	@ $ 0.02349000	$28.79
				Electric Supply	**$93.24**
State and Local Taxes and Other Mandated Charges	Customer Generation Charge				$0.18
	Clean Energy Assistance Charge	1,226.00	kWh	@ $ 0.00183000	$2.24
	Coal to Solar and Energy Storage Charge*	1,226.00	kWh	@ $ 0.00060000	$0.02
	Renewable Energy Adjustment*	1,226.00	kWh	@ $ 0.00466000	$0.02
	EIMT Cost Recovery	1,226.00	kWh	@ $ 0.00125310	$1.54
	Energy Efficiency Programs Charge	1,226.00	kWh	@ $ 0.00416000	$5.09
	Energy Transition Assistance Charge*	1,226.00	kWh	@ $ 0.00072000	$0.88
	Utility Owned Solar and Storage Adjustment*	1,226.00	kWh	@ $ 0.00008400	$0.10
	Illinois State Electricity Excise Tax				$4.05
				Total Taxes and Other Charges	**$15.72**

*Includes mandated charges and programs, and other changes resulting from the 2021 state energy law.

Total Electric Charges $165.11

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.755.5000

6 Details From Your Electric Supplier

ELECTRIC SUPPLY PRICE TO COMPARE: The Ameren Illinois supply price to compare is shown below. The price does not include a purchased electricity adjustment factor, a value expected to fluctuate but remain small for the foreseeable future. Learn more about the components involved in getting electricity to you as well as other electric supply topics at **PlugIn.Illinois.gov**.

October-May	0-800 kWh	> 800 kWh
Cents per kWh	6.107	7.594

Gas Service Residential Billing Detail - Rate Zone II — 11/22/2023 - 12/26/2023 (34 days)

Gas Meter Read for 11/22/2023 - 12/26/2023 (34 days)

READ TYPE	METER NUMBER	CURRENT METER READ	PREVIOUS METER READ	READ DIFFERENCE	MULTIPLIER	USAGE
Total Therm	00169339	4438.0000 Actual	4064.0000 Actual	374.0000	1.0000	374.0000

Usage Summary
Total Therms 374.0000

Smart Meter

	CHARGE DESCRIPTION	USAGE	UNIT	RATE	CHARGE
Gas Delivery Ameren Illinois GDS-1 Residential Gas Delivery Space Heat	Customer Charge				$20.00
	Distribution Delivery Charge	374.00	Therms	@ $ 0.42094642	$157.21
	Invested Capital Tax Adjustment	$183.38		@ 0.693000%	$1.27
				Gas Delivery	**$178.13**
Gas Supply Ameren Illinois	Purchased Gas Adjustment Charge	374.00	Therms	@ $ 0.42037234	$157.21
				Gas Supply	**$157.21**
State and Local Taxes and Other Mandated Charges	Energy Efficiency Programs Charge	374.00	Therms	@ $ 0.02438000	$8.12
	Illinois State Gas Revenue Tax				$0.09
	Illinois State Commerce Commission Tax				$0.05
				Total Taxes and Other Charges	**$8.46**
				Total Gas Charges	$334.78

WE ARE OFFERING **REDUCED DOWN PAYMENTS**
and other special terms for payment agreements this winter. Log in to determine eligibility.
AmerenIllinois.com/EnergyAssistance

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.755.5000

Statement Issued	02/19/2024
Amount Due	$221.83
Due Date	Mar 11, 2024
Last Payment	18.41

Payment received. Thank you.

The amount of this bill will be automatically deducted from your bank account Mar 11, 2024.

Account Number	1383703045
Customer Name	MELISSA A GRIFFITHS
Service Address	1939 S 1ST ST SPRINGFIELD, IL 62704

Current Energy Summary for Statement 02/19/2024

Total Gas Charge	$221.83
Total Amount Due	$221.83

Important Account Messages

The new due date you selected is now effective. To accommodate this change, this and the next bill you receive may have more or fewer days in the billing period.

Gas Usage History in Therms

Average Daily Gas Use (Therms)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	7.00 Therms
LAST MONTH	3.00 Therms

WINTER ENERGY SAVINGS TIP

Install an anti-freeze cover to insulate the anti-freeze tank. This will prevent your anti-freeze or heat during the winter and in the months.

See page 2 for account messages and tips from Ameren Illinois.

Keep this portion for your records.

Ameren ILLINOIS

See reverse side if your address has changed and for details on other ways to pay your bill.

Account Number	1383703045
Amount Due	$221.83
Due Date	03/11/2024
Amount Enclosed	_____

>000818 2265203 0001 092139 342

MELISSA A GRIFFITHS
1939 S 1ST ST
SPRINGFIELD, IL 62704-3005

AMEREN ILLINOIS
PO BOX 88034
CHICAGO IL 60680-1034

2040000 001363703040 5 00221430 00221430 00221430

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.756.5000

Statement Issued	02/19/2024
Amount Due	$221.83
Due Date	Mar 11, 2024

Account Number	**0382783045**
Customer Name	MELISSA A GRIFFITHS
Service Address	1939 S 1ST ST SPRINGFIELD, IL 62704

Payment Details

	DATE	AMOUNT
Payment Received	January 31, 2024	$3.41

Gas Express Residential Billing Detail - Rate Zone 4 01/05/2024 - 02/05/2024 (31 days)

Gas Meter Read for 01/05/2024 - 02/05/2024 (31 days)

READ TYPE	METER NUMBER	CURRENT METER READ	PREVIOUS METER READ	READ DIFFERENCE	MULTIPLIER	USAGE
Total Therm	10461348	3810.0000 Actual	3591.0000 Actual	219.0000	1.0000	219.0000

Usage Summary
Total Therms 219.0000

Smart Meter

	CHARGE DESCRIPTION	USAGE UNIT	RATE	CHARGE
Gas Delivery Ameren Illinois DS3-1 Residential Gas Delivery Space Heat	Customer Charge			$20.97
	Distribution Delivery Charge	219.00 Therm	@ $0.43770000	$95.87
	Invested Capital Tax Adjustment	4119.74	@ 0.5000000%	$0.83
			Gas Delivery	**$117.67**
Gas Supply Ameren Illinois	Purchased Gas Adjustment Charge	219.00 Therm	@ $0.42570000	$93.24
			Gas Supply	**$93.24**
State and Local Taxes and Other Mandated Charges	Energy Efficiency Programs Charge	219.00 Therm	@ $0.02430000	$5.24
	Illinois State Gas Revenue Tax			$5.25
	Illinois State Commerce Commission Tax			$0.22
			Total Taxes and Other Charges	**$10.87**
			Total Gas Charges	$221.83

stress/less with Energy Assistance

Do you or someone you know **need help** with a payment or balance?

Find options for relief at AmerenIllinois.com/EnergyAssistance

Billing Date
March 11, 2024

Acct. Number - Cust. Number
131802600 - 00319114

Amount Due
$112.36

Due Date
April 01, 2024

MELISSA GOLEASH

1939 S 1ST ST SPRINGFIELD IL 62704

1939 S 1ST ST
SPRINGFIELD, IL 62704

00319114131802600000011226202404 01 3

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT

Acct. Number - Cust. Number	Service Address	Last Payment Amount	Last Payment Received On	
131802600 - 00319114	1939 S 1ST ST SPRINGFIELD IL 62704			

Type of Service	Meter Number	Rate	Read Date	Days	Bill Code	Meter Reads Previous	Meter Reads Current	Meter Multiplier	Usage
Electric	174430	30	03/03	26	A	21665	22116	1.00	451 KWh
Electric	174430	30	03/03	2	A	21665	22116	1.00	451 KWh
Water 3/4"	17008632	10	03/06	24	A	512	514	1.00	2 Units
Water 3/4"	17008632	10	03/06	5	A	512	514	1.00	2 Units

Regular CWLP Billing (217-789-2030)

You are on our Variable Auto Debit Payment Plan. $112.36 will be drawn from your bank account on 4/1/2024

Room 101 - Billing/customer service division
Municipal Center West
300 S. 7th St
Springfield, IL 62701

	Amount
Previous Transactions	
Billing	$110.04
Payment - Thank You	-$110.04
Net Balance Forward	**$0.00**
Fuel Adjustment 0.01314100 x 32.21000	$0.42
Fuel Adjustment 0.01314100 x 416.79000	$5.50
Electric Monthly Customer Charge Rate 30	$1.10
Electric Monthly Customer Charge Rate 30	$13.71
Water KWh Energy 0.09880000 x 32.21000	$3.18
Water KWh Energy 0.09880000 x 416.79000	$41.38
State Utility Tax Rate 30	$1.44
Electric Charges	**$66.73**
First 5 Units 2.18000000 x 0.34000	$0.73
First 5 Units 1.84000000 x 1.68000	$2.72
Water Monthly Customer Charge	$3.81
Water Monthly Customer Charge	$10.22
Water Charges	**$16.48**
Current CWLP Charges	**$83.21**

Customer Name MELISSA GOLEASH

Billing Date	Average Daily Electric Cost	Average Daily Usage (KWH)	Next Scheduled Read Date	Due Date	Amount
03/11/2024	$2.38	242.85	4/2/2024	04/01/2024	$112.36

Billing Date
March 11, 2024

Acct. Number - Cust. Number
131802600 - 00319114

Amount Due
$112.36

Due Date
April 01, 2024

MELISSA GOLEASH

1939 S 1ST ST SPRINGFIELD IL 62704

1939 S 1ST ST
SPRINGFIELD, IL 62704

00319114131802600000001123620240401 3

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT

Acct. Number - Cust. Number	Service Address	Last Payment Amount	Last Payment Received On	
131802600 - 00319114	1939 S 1ST ST SPRINGFIELD IL 62704			

Type Of Service	Meter Number	Rate	Read Date	Days	Bill Code	Meter Read		Meter Multiplier	Usage	
						Previous	Current			

Services Billed for:

City of Springfield
Public Works (217-789-2255)

Sangamon County Water
Reclamation District (217-528-0491)

Transaction	Amount
First 3 Units 0.76000000 x 0.34000	$0.26
First 3 Units 0.67000000 x 1.66000	$1.11
Public Works Sewer Monthly Customer Charge	$1.72
Public Works Sewer Monthly Customer Charge	$6.20
Sewer Charges	**$9.19**
All Units 4.11000000 x 2.00000	$8.22
Sangamon County Water Reclamation District Monthly Charge	$7.24
Sanitary Charges	**$15.46**
Waste & Recycling	$4.50
Subtotal Charges this Page	$26.15
Subtotal CWLP Charges	$83.21
Total Current Charges	$112.36
Net Balance Forward	**$0.00**
Total Balance Owing	**$112.36**

Billing Date	Average Daily Electric Cost	Average Daily Usage (KWH)	Next Scheduled Read Date	Due Date	Amount
03/11/2024	$2.38	242.85	4/2/2024	04/01/2024	$112.36

AMERICAN STRATEGIC INSURANCE CORP
P.O. Box 33018
St.Petersburg, FL 33733-8018

PROGRESSIVE
RENTERS

Premium Notice

MELISSA A GOLEASH
1939 S 1ST ST
SPRINGFIELD, IL 62704

Agent ID: 440720
Progressive Specialty Insurance Agency, Inc - DTC
P.O. Box 23039
Saint Petersburg, FL 33742
(855) 798-5735

Notice Date: 01/23/2024

Policy Type:	Renters
Policy Period:	01/24/2024
Policy Number:	ILA2645505
Property Address:	1939 S 1ST ST SPRINGFIELD, IL 62704-3905

Dear Policyholder,

According to our records, a payment is due on your policy. To maintain your coverage, please pay the minimum amount due shown below.

As a reminder, you can save money by paying the total amount due and avoiding the service fees included with each installment payment.

If you've already made this payment, please contact your agent to verify that it has been posted to your account. For your convenience, your agent's contact information is listed above.

If the amount due shown below is $0.00, please disregard this notice.

Thanks for choosing Progressive.

Payer: MELISSA A GOLEASH
1939 S 1ST ST
SPRINGFIELD, IL 62704

Make Checks Payable and Mail To:
ASI
P.O. Box 33018
St. Petersburg, FL 33733-8018

If you would like to pay online, please visit:
www.progressive.com/manage-policy

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT TO ASI IN ENVELOPE PROVIDED

Payment Choices Available:

Full Pay: $126.95

2 Pay: $69.82
Pay Plan Fee: $4.00 is added to each payment unless full payment is received.

4 Pay: $39.39
Pay Plan Fee: $4.00 is added to each payment unless full payment is received.

Automatic Electronic Funds Transfer (EFT): $21.1
Pay Plan Fee: $2.00 is added to each payment unless full payment is received.

Policy Number:	ILA2645505
Insured:	MELISSA A GOLEASH
Agent:	Progressive Specialty Insurance Agency, Inc - DTC
Minimum Amount Due:	$39.39
Total Amount Due:	$126.95
Due Date:	01/24/2024

Print Date: 01/23/2024
AIC NB 08-21

PROGRESSIVE
P.O. BOX 31280
TAMPA, FL 33631

MELISSA GOLEASH
1009 S 1ST ST
SPRINGFIELD, IL 62704

PROGRESSIVE
CONNECT AND

Melissa Goleash
Valued customer since 2021
Policy Number: 975806843
Direct inquiries to:
Progressive Universal Insurance Co.
Date of Mailing: March 4, 2024
Policy Period: Dec 29, 2023 - Jun 29, 2024
Page 1 of 1
Online Service
progressive.com
Customer Service
1-800-776-4737

Automatic Payments Schedule

Thank you for choosing Progressive. We appreciate having you as our customer.

Remaining balance **$463.71**

Following is your updated payment schedule for your review.

Date of automatic payment	Amount	Date of automatic payment	Amount	Date of automatic payment	Amount
Mar 29, 2024	$156.24	Apr 29, 2024	$155.74	May 29, 2024	$155.73

An installment fee of $2.00 may be included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.

If you've scheduled a payment, it is not reflected in the amount due.

If you have questions, please call us.

Form 4777-0706-700

Issued on March 21, 2024

REDEFINE HC

Redefine HC
3274 West Iles Avenue
Springfield, IL - 62711
(217) 441-2546
Matthew Sanema - NPI: 1679450911

Invoice	Balance Due
March 2024	$0.00
Terms	
Your credit card will be automatically billed on the 1st of each month. All invoices are net 30 days.	

BILL TO

Melissa Ann Golesnik
120 willow lane
Springfield, IL - 62684

DESCRIPTION	DATE CHARGED	AMOUNT
Medical Services (Monthly - Age-Based)	March 2024	$79.00
	ACCRUED THIS MONTH	$79.00
	DATE PAID	**PAYMENTS**
	03/01/24 8:24am (Discover 4639)	$79.00
	TOTAL PAID	$79.00
	PREVIOUS BALANCE	$0.00
	BALANCE DUE	$0.00

Humana Military | TRICARE

TRICARE EXPLANATION OF BENEFITS

This is a statement of the action taken on your TRICARE claim. Keep this notice for your records

Date of Notice	03/18/2024
Summary of Claims Processed	FROM: 03/16/2024 TO: 03/16/2024
Sponsor SSN	XXX-XX-6596
Sponsor Name	Melissa A Golbash
Patient Name	Melissa A Golbash

MELISSA A. GOLBASH
1939 S 1ST ST
SPRINGFIELD IL 62704-3905

If you have questions about this notice, please call toll free at 1-800-444-5445. You can also visit us online at **HumanaMilitary.com**

THIS IS NOT A BILL

Claim Number: 2024076 9026045
Provider #: 061665280
Provider Name: Midwest Emergency Department Specialists

Process Date: 03/16/2024

SERVICES PROVIDED BY	DATE OF SERVICE	AMOUNT BILLED	TRICARE ALLOWED	REMARKS
Midwest Emergency Depart 99285 - 1 MEDICAL OFFICE	03/05/24 - 03/05/24	$1,070.00	$151.48	003
Total		$1,070.00	$151.48	

CLAIM SUMMARY		BENEFICIARY SHARE	
Amount Billed	$1,070.00	Cost Share/Copay	$0.00
Other Ins. Paid	$0.00	Deductible	$151.48
TRICARE Allowed	$151.48		
TRICARE Paid	$0.00		
Amount you owe	$151.48		

Out of Pocket Expenses met to date:

Year	Catastrophic Cap Met to Date	Deductible - Individual	Deductible - Family
2024	$197.87 out of $1,256.00	$151.48 out of $188.00	$151.48

Remark codes:

(003) If you are not satisfied with our determination of the amount allowed for this item, you have the right to request a review within 90 days of the date of this notice.

PAID TO	AMOUNT PAID	AMOUNT YOU OWE
Midwest Emergency Department Specialists	$0.00	$151.48

Humana Military is the administrator of the Department of Defense TRICARE East Program.
TRICARE is a registered trademark of the Department of Defense [DoD], DHA. All Rights Reserved.

xfinity

Account Number	Billing Date	Services from	Page
8771 40 401 2868729	Feb 27, 2024	Mar 01, 2024 to Mar 30, 2024	1 of 3

Hello Melissa Goleash,

Thank you for choosing Xfinity.

Your bill at a glance

For 1939 S 1ST ST, SPRINGFIELD, IL, 62704-3909

Previous balance		$50.00
EFT Payment - thank you	Feb 16	-$50.00
Balance forward		**$0.00**
Regular monthly charges	Page 3	$50.00
Taxes, fees and other charges		$0.00
New charges		**$50.00**
Amount due		**$50.00**

Thanks for paying by Automatic Payment

Your automatic payment on Mar 17, 2024, will include your amount due, plus or minus any payment related activities or adjustments, and less any credits issued before your bill due date.

Need help?

Visit xfinity.com/customersupport or see page 2 for other ways to contact us.

Your bill explained

- This page gives you a quick summary of your monthly bill. A detailed breakdown of your charges begins on page 3.

Detach the bottom portion of this bill and include with your payment.

Please write your account number on your check or money order.

Do not include correspondence with payment.

xfinity

P O BOX 4928 DVR
BROOK IL 60033-4928

MELISSA GOLEASH
1939 S 1ST ST
SPRINGFIELD, IL 62704-3909

Account number	8771 40 401 2868729
Automatic payment	Mar 17, 2024
Please pay	**$50.00**

Electronic payment will be applied Mar 17, 2024

COMCAST
PO BOX 4089
CAROL STREAM IL 60197-4089

8771404012868729000050005

xfinity

Account Number	Billing Date	Services From	Page
8771 40 401 2666729	Feb 27, 2024	Mar 01, 2024 to Mar 30, 2024	3 of 3

Regular monthly charges $50.00

My Xfinity plan		**$35.00**
My Xfinity services		**$66.00**
Internet: Connect More	$66.00	
Discounts		-$51.00
Promotional Discount	-$41.00	
Includes a 12 month $41.00 Promotional Discount that will end on Jan 30, 2025		
Automatic Payments Discount including Paperless Billing	-$10.00	

Equipment & services		**$15.00**
Internet/Voice Equipment Rental	$15.00	

What's included?

Internet: Download as fast as 800 Mbps

Visit xfinity.com/myaccount for more details

You've saved $51.00 this month with your promotional and automatic payments discounts

You receive a monthly discount for using automatic payment and paperless billing

Additional information

Franchise Authority: City of Springfield, 800 E. Monroe, Springfield, IL 62701.
FCC Community ID: 80091.

verizon

PO BOX 489
NEWARK, NJ 07101-0489

Account: 799948074-00001
Invoice: 462197918 3
Billing period: Jan 27 - Feb 26, 2024

KEYLINE

MELISSA GOLEASH
1939 S 1ST ST
SPRINGFIELD, IL 62704-3905

Questions about your bill?
verizon.com/support
800-922-0204

Ways to pay

My Verizon app

You can check your bill easily with the My Verizon app available in App Store or Google Play.

Online

Go to goverw.com/bill and sign in to review your bill.

By phone

Simply dial #PAY (#729) on your phone and follow the instructions to pay.

Cash

Go to www.verizon.com/stores to find a Verizon Wireless store near you or find a Check Free Pay or Western Union near you to make a cash payment.

Snapshot of your bill

(details on page 3)

Balance from last bill	$0.00
This month's charges	$128.51
Total due on Mar 18	**$128.51**

You have Auto Pay scheduled for Mar 12, 2024.

You'll be charged up to 1.5% per month (18% per year) on the account balance, or a flat $7 per month, whichever is greater, if allowed by law in the state of your billing address.

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verizon

MELISSA GOLEASH
1939 S 1ST ST
SPRINGFIELD, IL 62704-3905

Bill date	February 26, 2024
Account number	799948074-00001
Invoice number	462197918 3

Total Amount Due

Deducted from bank account on 03/18/24
DO NOT MAIL PAYMENT

$128.51

Please see back for instructions on writing to us.

PO BOX 16810
NEWARK, NJ 07101-6810

462197918301078994807400001000000128513000000128513

verizon

Account: 789948074-00001
Invoice: 4621979189
Billing period: Jan 27 - Feb 26, 2024

Questions about your bill?
verizon.com/support
800-922-0204

Questions about paying your bill?

Go to https://go.vzw.com/billing-support to learn more.

Address change:

Change your address at go.vzw.com/changeaddress.

Important Information:

Many billing questions can be resolved easily online or with the My Verizon App. Customer service can also assist you by phone, chat or in a retail store for billing questions or disputes.

All written communication related to billing disputes and checks tendered as payment in full to a billing dispute must be sent to this below address:

Verizon
Attn: Correspondence Team
PO Box 15069
Albany, NY 12212

Select a checkbox that describes how we can help you along with any additional information and include it with your written correspondence.

Automatic Payment Enrollment for Account 789948074-00001 MELISSA GOLEASH
By signing below, you authorize Verizon to electronically debit your bank account each month for the total balance due on your account. No check you send will be used to utilize Automatic Payment. You will be notified each month of the date and amount of the debit 10 days in advance of the payment. You agree to receive all Auto Pay related communications electronically. I understand and accept these terms. This agreement does not alter the terms of your existing Customer Agreement. I agree that Verizon is not liable for erroneous bill statements or incorrect debits to our account. To withdraw your authorization you must call Verizon. Check with your bank for any charges.

1. Check this box. 2. Sign name in box below, as shown on the bill and date. 3. Return this slip with your payment. Do not send a voided check.

Please select a checkbox that best describes how we can help you and include details in the box below with any written correspondence.

Payment Verification	Address Change	Name Change	Billing Dispute	Service Change	Other
☐	☐	☐	☐	☐	☐

Additional information (for example new address or details on your request)