

Account Number Statement Date Statement Thru Date Check/Items Enclosed Page XXXXX7350 06/28/2024 06/30/2024 0 1

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CHILDRESS COUNTY HOSPITAL DISTRICT DBA PRAIRIE HOUSE LIVING CENTER PO BOX 1030 CHILDRESS TX 79201-1030





Relationship Summary	
Account Type	Balance
CHECKING	\$1,100.00















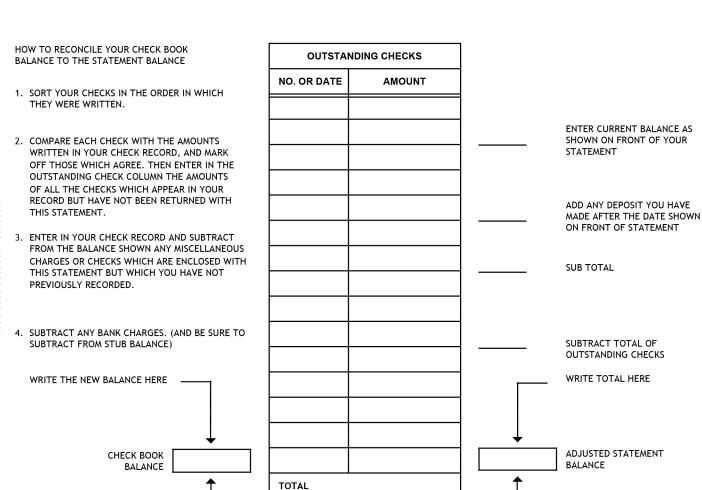












After making the above entries, your check book balance should agree with the statement balance. If you feel there are discrepancies, please report them within 14 DAYS. PREAUTHORIZED ELECTRIC TRANSFERS. Any questions you may have concerning these transfers on your account will be answered by calling the telephone number shown on the front of this statement

THESE TWO BALANCES SHOULD AGREE

### IMPORTANT INFORMATION ABOUT PREAUTHORIZED WITHDRAWALS AND DIRECT DEPOSITS

If you have arranged to have certain recurring bills deducted from your account, such as reasonable attorney fees) that you or we may suffer or incur as a result of this practice not insurance premiums or mortgage payments, or to accept direct deposits of certain recurring payments, such as payroll checks or Social Security benefits, please read this notice carefully.

### About Preauthorized Withdrawals:

Periodic Statements. You will receive a monthly account statement from us each month in which an electronic fund transfer from your account has occurred; in any event you will receive a quarterly statement. If the transfer varies in amount from the previous transfer, you have the right to receive from us or the third party receiving payment, at least 10 days before the scheduled transfer date, a written notice of the amount and scheduled date of the transfer.

(1) Customer's Right to stop payment and procedure for doing so. If you have told us in advance to make regular payments out of your account, you can stop any of these payments.

Call us at the telephone number on the front of this statement, write us at:

PO Box 2100 Lubbock, Texas 79408 or email us at depositops@vistabank.com in time for us to receive your request 3 business days or more before the payment is scheduled to be made. If you call, we may also require you to put your request in writing and get it to us within 14 days after you call. We may charge you the published amount for each stop-payment order you

- (2) Notice of varying amounts. If these regular payments may vary in amount, we or the person you are going to pay will tell you at least 10 days before each payment when it will be made and how much it will be.
- (3) Liability for failure to stop payment of preauthorized transfer. If you order us to stop one of these payments 14 business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.
- (4) Customer's liability. Most checks, and other items are processed automatically, i.e., without individual review of each item. Therefore, unless we agree in a separate writing, in our sole discretion, upon your request and due to unique circumstances to conduct individual review of each item, you agree that we are acting within common and reasonable banking practices by automatically processing checks, and other items, i.e., without individual review of each check, or item. You agree to indemnify, defend, and hold us harmless from and against all loss, costs, damages, liability, and other injury (including

limited to the following instances:

- (1) If, through no fault of ours, you do not have enough money in your account (2) If the transfer would go over the credit limit on your overdraft line.
- (3) If the automated teller machine where you are making the transfer does not have enough cash.
- (5) If circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.

  (6) There may be other exceptions stated in our agreement with you.

## About Direct Deposits:

Periodic Statements. You will get a monthly account statement from us. However, if the only electronic fund transfer is a direct deposit to your savings account your statement will be quarterly. If you need to confirm a direct deposit before you receive your statement, call the telephone number shown on the front of the statement.

**Our liability.** We are responsible for processing your Items and Transactions concerning your Account using customary banking practices. if we make a mistake in processing items or transactions and charge you more than we should have, or failed to give you credit where due, we will correct the error as long as you give us sufficient and timely notice and an opportunity to fix it. However, we will not be liable in any event for losses or damages in excess of the amount of the transaction (the "face amount").

Error resolution notice. In case of errors or questions about your electronic transfers, call us at the telephone number on the front of this statement or write us at PO Box 2100 Lubbock, Texas 79408 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must he a r from you no later than 30 days after we sent you the FIRST statement on which the error or problem

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error. We will investigate your complaint and correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error; you will have the use of the money during the time it takes us to complete our investigation.

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Account Number Statement Date Statement Thru Date Page

**Account Number: XXXXXX7350** 

XXXXX7350 06/28/2024 06/30/2024

# **HORIZON BUSINESS CHECKING**

Account Owner(s): CHILDRESS COUNTY HOSPITAL DISTRICT DBA

PRAIRIE HOUSE LIVING CENTER

Balance Summary			
Beginning Balance as of 06/01/2024	\$1,100.00	Service Charges for Period	\$0.00
+ Deposits and Credits (3)	\$42,166.75	Average Balance for Period	\$1,092
- Withdrawals and Debits (4)	\$42,166.75	Average Collected for Period	\$0
Ending Balance as of 06/30/2024	\$1,100.00	Minimum Balance for Period	\$1,092

TRAN	SACTION DETAIL			
Date	Description	Deposits	Withdrawals	Balance
Jun 01	BEGINNING BALANCE			\$1,100.00
Jun 07	HEALTH HUMAN SVC/HCCLAIMPMT	26,063.85		27,163.85
	TRN*1*0SR501291336557529*1746000156~			
	CHILDRESS COUNTY HOSPI			
Jun 07	TRNSFR TO CHECKING ACCT ENDING IN 7369		26,063.85	1,100.00
Jun 10	ACCOUNT ANALYSIS SERVICE CHARGE		19.96	1,080.04
Jun 21	HEALTH HUMAN SVC/HCCLAIMPMT	2,009.80		3,089.84
	TRN*1*0SR668441336557529*1746000156~			
	CHILDRESS COUNTY HOSPI			
Jun 21	TRNSFR TO CHECKING ACCT ENDING IN 7369		1,989.84	1,100.00
Jun 28	HEALTH HUMAN SVC/HCCLAIMPMT	14,093.10		15,193.10
	TRN*1*0SR749981336557529*1746000156~			
	CHILDRESS COUNTY HOSPI			
Jun 28	TRNSFR TO CHECKING ACCT ENDING IN 7369		14,093.10	1,100.00
Jun 30	ENDING BALANCE			\$1,100.00

FEE RECAP			
	Total For This Period	Total Year-to-Date	
Total Overdraft Fees	\$0.00	\$0.00	
Total Returned Item Fees	\$0.00	\$0.00	

