

40 General Warren Blvd. Suite 200, Malvern, PA 19355 Return Service Requested

Statement Ending 06/30/2024

Total Days in Statement Period: 30 Page 1 of 3



17464 MCB9429S062924050237 01 000000000 34928 004 ANGEL OAK NURSING AND REHABILITATION **CENTER LLC PAYROLL** 9429 HARDING AVE # 141 SURFSIDE FL 33154-2803

Managing Your Accounts

Branch Telephone: 646-601-7431



Branch Mailing Address:

102 S RIDGE ST RYE BROOK NY 10573



Telephone Banking: 800-849-4809



Online Access:

www.customersbank.com

Privacy Notice: Federal law requires us to tell you how we collect, share, and protect your personal information. Our private policy has not changed and you may review policy and practices with respect to personal information at https://customersbank.com/policy, or we will mail you a free copy upon request if you call us at 1-866-476-2265.

BUSINESS ANALYSIS CHECKING XXXXXX6129

Account S	ummary	
Date 06/01/2024	Description Beginning Balance	Amount \$1,027.45
	5 Credit(s) This Period	\$29,000.00
	21 Debit(s) This Period	\$26,891.35
06/30/2024	Ending Balance	\$3,136.10
	Days This Period	30
	Average Collected Balance	\$3,826.00
	Low Balance	\$63.04

Other Credits

Date	Description	Amount
06/03/2024	EBANKING TRANSFER	\$5,000.00
	REF 1550936L FUNDS TRANSFER FRM DEP XXX2056 FROM ONLINE FUNDS	
	TRANSFER VIA	
06/10/2024	EBANKING TRANSFER	\$2,000.00
	REF 1620838L FUNDS TRANSFER FRM DEP XXX2056 FROM ONLINE FUNDS	
	TRANSFER VIA	
06/13/2024	EBANKING TRANSFER	\$10,000.00
	REF 1650951L FUNDS TRANSFER FRM DEP XXX2056 FROM ONLINE FUNDS	
	TRANSFER VIA	
06/21/2024	EBANKING TRANSFER	\$7,000.00
	REF 1730742L FUNDS TRANSFER FRM DEP XXX2056 FROM ONLINE FUNDS	
	TRANSFER VIA	
06/26/2024	EBANKING TRANSFER	\$5,000.00
	REF 1780802L FUNDS TRANSFER FRM DEP XXX2056 FROM ONLINE FUNDS	
	TRANSFER VIA	









In Case of Errors or Questions about Your Electronic Transactions or Direct Deposits:

Call your local branch at the telephone number listed on the first page of your statement, or write to the Bank at the address below if you think your statement or receipt is wrong, or if you need more information about a transfer listed on your statement or receipt. We must hear from you no later than 60 days after we sent you the **FIRST** statement on which the error or problem appeared.

If you do not tell us within 60 days after the statement was sent to you, you may not be credited for any money lost after the 60 days, if we can prove that we could have prevented someone from taking the money if you had notified us within 60 days.

Customers Bank
ATTN: Fraud Prevention and Investigations Department
701 Reading Ave
West Reading, PA 19611

Be sure to include the information listed below in your correspondence:

- Your name, account number, and ATM or VISA Check Card number. Please note: Never include this
 information in a text or an email
- A description of the error or the transfer in question, and explain as clearly as you can why you believe it is an error or why you need more information
- The dollar amount of the suspected error

Pre-Authorized Credits

If you have arranged to have direct deposits made to your account you may call your local branch to verify that the deposit has been made.

Notice to Recipients of Electronic Transfers - Consumer Accounts:

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for new accountholders), we will credit your account for the amount you think is in error so that you will have the use of the money during the time it takes us to complete our investigation.

In Case of Errors or Questions about Your Transactions - Business Accounts:

You should examine your statements and the itemized transactions carefully and reconcile the account promptly. We will consider the statement correct unless you notify us within 14 calendar days from the date the statement is **FIRST** sent or made available to you. This 14 calendar day limitation applies regardless of whether we used ordinary care.

If there are any discrepancies, forgeries, alterations or unauthorized transactions, please contact your local branch at the telephone number listed on the first page of your statement or write to your local branch.

Business Hours for All Branches:

Monday-Thursday - 9:00 am - 5:00 pm Friday - 9:00 am - 5:30 pm Saturday & Sunday - Closed

Lost or Stolen ATM or Debit Card:

To report your lost or stolen ATM Card or Debit Card, call your local branch at the telephone number listed on the first page of this statement. After normal banking hours, please call 800-523-4175.



BUSINESS ANALYSIS CHECKING XXXXXX6129

(Continued)

Other Debits

Date	Description	Amount
06/04/2024	ACH WITHDRAWAL	\$842.99
	JOHN HANCOCK ACH DEBIT 240604 0145655	
06/07/2024	ACH WITHDRAWAL	\$114.05
	NPC WIRE ADJ. 240607 12985698	
06/11/2024	EBANKING TRANSFER	\$2,000.00
	REF 1631002L FUNDS TRANSFER TO DEP XXX2056 FROM ONLINE FUNDS	
	TRANSFER VIA	
06/11/2024	EBANKING TRANSFER	\$850.00
	REF 1631025L FUNDS TRANSFER TO DEP XXX2056 FROM ONLINE FUNDS	
	TRANSFER VIA	
06/13/2024	ACH WITHDRAWAL	\$840.78
	JOHN HANCOCK ACH DEBIT 240613 0145655	
06/18/2024	EBANKING TRANSFER	\$4,000.00
	REF 1700818L FUNDS TRANSFER TO DEP XXX2056 FROM ONLINE FUNDS	
	TRANSFER VIA	
06/21/2024	ACH WITHDRAWAL	\$783.53
	JOHN HANCOCK ACH DEBIT 240621 0145655	
06/24/2024	EBANKING TRANSFER	\$5,000.00
	REF 1760859L FUNDS TRANSFER TO DEP XXX2056 FROM ONLINE FUNDS	
	TRANSFER VIA	
06/24/2024	SERVICE CHARGE	\$18.94
	ANALYSIS ACTIVITY FOR 05/24	
06/25/2024	ACH WITHDRAWAL	\$798.04
	JOHN HANCOCK ACH DEBIT 240625 0145655	

Checks Cleared

* Indicates a Skip in Check Number(s)

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
1808	06/06/2024	\$7.83	1813	06/06/2024	\$2,071.60	1819	06/28/2024	\$85.39
1809	06/03/2024	\$2,045.19	1815*	06/14/2024	\$1,975.84	1822*	06/28/2024	\$1,927.72
1810	06/06/2024	\$13.66	1816	06/21/2024	\$86.18	1823	06/27/2024	\$1,482.80
1812*	06/12/2024	\$19.09	1818*	06/21/2024	\$1,927.72			

Daily Balances

Date	Amount	Date	Amount	Date	Amount
05/31/2024	\$1,027.45	06/11/2024	\$82.13	06/24/2024	\$2,430.05
06/03/2024	\$3,982.26	06/12/2024	\$63.04	06/25/2024	\$1,632.01
06/04/2024	\$3,139.27	06/13/2024	\$9,222.26	06/26/2024	\$6,632.01
06/06/2024	\$1,046.18	06/14/2024	\$7,246.42	06/27/2024	\$5,149.21
06/07/2024	\$932.13	06/18/2024	\$3,246.42	06/28/2024	\$3,136.10
06/10/2024	\$2,932.13	06/21/2024	\$7,448.99		<u> </u>



Overdraft and Returned Item Fees

	Total For This Period	Total Year To Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$40.00

1809



BUSINESS ANALYSIS CHECKING XXXXXX6129



06/06/24 #1808 \$7.83



06/06/24 #1810 \$13.66



06/06/24 #1813 \$2,071.60

& Rehab Center	Customers Bank	Check Number
		1816
9588-7206	Check Date 06/07/2024	
*** Eighty-Six Dollars and 18 Cents ***		\$86:18
ANG19 190543 1816		
DEPARTMENT OF REVENUE		
P.O. BOX 25000		1
Raleigh, NC 27640	AUTHORIZ	ED SIGNATURE
[3682 178 240 525 Stinson 7988]		
BLUE PANTOGRAPH & MICROPRINTING, BACK HAS THERMOCHROMIC	INK & A WAYERMARK, HOLD AT AN ANGLE TO VIE	W. VOID IF NOT PRESENT.
	ı•	
	9588-7206 *** Eighty-Six Dollars and 18 Cents *** Ansas 19845, 186 DEPARTMENT OF REVENUE P.O. BOX 25000 Raleigh, NC 27640 [88621 78 240 25 Sistema 7888] BUREPARTGERSES AUGIOSISSIME BUREPARTGERSES	9588-7206 Check Date 06/07/2024 *** Eighty-Six Dollars and 18 Cents *** Availatiosed late DEPARTMENT OF REVENUE P.O. BOX 25000 Reliefly, NC 27640 Reliefly, NC 27640

06/21/24 #1816 \$86.18

Angel Oak Nursing		Customers Bank	Check Number
4452 Socastee Blvo			1819
Myrtle Beach, SC 2	9588-7206	Check Date 06/14/2024	
Pay	*** Eighty-Five Dollars and 39 Cents ***		\$85.39
Pay to the	ANGIS 190543 1819 DEPARTMENT OF REVENUE		
order of	P.O. BOX 25000		1.1
	Raleigh, NC 27640	AUTHORIZE	D SIGNATURE
Memo; Stinson, Cheryl	[3682 178 240 525 Stinson 7988]		
	BLUE PANTOGRAPH & MICROPRINTING. BACK HAS THERMOCHROMIC INK'&	(WATERMARK, HOLD AT AN ANGLE TO VIE)	N. VOID IF NOT PRESENT.
* 1819	# 1031302971: 7476129#		
16/28/24	#1910		\$85.3

06/28/24 #1819 \$85.39

ngel Oak Nursin	a Rehab Center	Customera Bank	Check Number
452 Socastee Bl	<i>r</i> d		1823
fyrtle Beach, SC	29588-7206	Check Date 04/05/2024	
Pay	*** One Thousand Four Hundred Eighty-Tw	o Dollars and 80 Cents ***	\$1.482.80
Pay to the	AFLAC / Remittance Processing Services		
order of	PO Box 535178		9.1
	Pittsburgh, PA 15253-5178		ZED SIGNATURE
Memo: , AFLAC / Re	mittance Processing Services []		
OGUMENT CONTAINS	BLUE PANTOGRAPH & MICROPRINTING, BACK HAS THERMOCHROMIC	NK & A WATERMARK; HOLD AT AN ANGLE TO V	EW. YOLD IF NOT PRESE

#1823

\$1,482.80

PEQ51

Angel Oak Nursing & Rehab Center

Myrtle Beach, SC 29588-7206



	& Rehab Center	Customers Bank	Check Number
1452 Socastee Blvd			1815
Myrtle Beach, SC	29588-7206	Check Date 06/07/2024	
Pay	*** One Thousand Nine Hundred Seventy	Five Dollars and 84 Cents ***	\$1.975.84
Pay to the	AFLAC / Remittance Processing Services		
order of	PO Box 535178		and
	Pittsburgh, PA 15253-5178	AUTHORIZ	ED SIGNATURE
Memo: , AFLAC / Re	mittance Processing Services []		
DOCUMENT CONTAINS	BLUE PANTOGRAPH & MICROPRINTING, BACK HAS THERMOCHROM	CINK & A WATERMARK, HOLD AT AN ANGLE TO VI	EW. VOID IF NOT PRESENT:
* 1815	" ::O31302971: 7476129	n•	
06/14/24	#1815		\$1,975.8

4452 Socastee Blv	-		1818
Myrtle Beach, SC 2	29588-7206	Check Date 06/14/2024	
Pay	*** One Thousand Nine Hund	red Twenty-Seven Dollars and 72 Cents ***	\$1,927.72
Pay to the	AFLAC / Remittance Processing	Services	
order of	PO Box 535178		9.1
	Pittsburgh, PA 15253-5178	AUTHORIZ	ED SIGNATURE
Memo: , AFLAC / Ren	nittance Processing Services [
DOCUMENT CONTAINS E	LUE PANTOGRAPH & MICROPRINTING, BACK HAS	STHERMOCHROMIC INK & A WATERMARK, HOLD AT AN ANGLE TO VIS	W. VOID IF NOT PRESENT
P 18 18	" ::O31302971:: ?	1.75.1290	

06/21/24 #1818 \$1,927.72



06/28/24 #1822 \$1,927.72

06/27/24