The following payments will not be printed due to insufficient funds.

Account Name: RMABank\_FBPJ Account Number: 69741

Date: 1/24/2018

Control Trans Claim Payee Amount Number Date Number Name

 
 Sub Account Name:
 SubBank\_MWHY
 Sub Account Number:
 5243069

 0001997
 01/24/2018
 GCBI2018001211
 Larson
 \$2,500.00