



975 Hooper Avenue  
Toms River, NJ 08753

## Statement Ending 10/31/2025

DTC Medical Supplies, Inc.

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Customer Number: XXXXXXXX5670

DTC MEDICAL SUPPLIES, INC.  
424 E CENTRAL BLVD # 388  
ORLANDO FL 32801-1923

### Managing Your Accounts

	Phone Number	1.888.623.2698
	Mailing Address	975 Hooper Avenue Toms River, NJ 08753
	Online Access	Oceanfirst.com

### Summary of Accounts

Account Type	Account Number	Ending Balance
PREMIER COMMERCIAL MONEY MARKET	XXXXXXXX5670	\$60,271.26

### PREMIER COMMERCIAL MONEY MARKET - XXXXXXXX5670

#### Account Summary

Date	Description	Amount
10/01/2025	Beginning Balance	\$100,010.27
	1 Credit(s) This Period	\$260.99
	2 Debit(s) This Period	\$40,000.00
10/31/2025	Ending Balance	\$60,271.26

#### Interest Summary

Description	Amount
Interest Earned From 10/01/2025 Through 10/31/2025	
Annual Percentage Yield Earned	3.81%
Interest Days	31
Interest Earned	\$260.99
Interest Paid This Period	\$260.99
Interest Paid Year-to-Date	\$271.26

#### Account Activity

Post Date	Description	Debits	Credits	Balance
10/01/2025	Beginning Balance			\$100,010.27
10/08/2025	TXR TO x5652 AT 10:30	\$20,000.00		\$80,010.27
10/28/2025	TXR TO x5652 AT 11:33	\$20,000.00		\$60,010.27
10/31/2025	INTEREST		\$260.99	\$60,271.26
10/31/2025	Ending Balance			\$60,271.26

#### Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/08/2025	\$80,010.27	10/28/2025	\$60,010.27	10/31/2025	\$60,271.26



If you have any questions regarding this statement, please call 1-888-623-2698.

**Notice to Recipients of Electronic Transfers (Consumer Accounts only)**

In case of errors or questions about your electronic transfers, please telephone us at 1-888-623-2698, write to OceanFirst Bank NA., P.O. Box 2009, Toms River, NJ 08754-2009, or through our website at "Contact Us" 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 hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared with the following information.

1. Your name, your OceanFirst account number and CheckCard number if applicable.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is wrong or why you need more information.
3. Tell us the date and the dollar amount of the suspected error and supply us with copies of any receipts or other documentation that will assist our investigation.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (5 business days for POS transactions, 20 business days for a new account) to do this, 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 do our investigation.

**THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR ACCOUNT WITH YOUR STATEMENT**

1. In your account register enter the interest earned on your Account if it appears on the front of this statement.
2. Verify that all withdrawals are charged on the statement for the amount in your records.
3. Verify that all deposits have been credited for the same amount as on your records.
4. Be sure that Service Charges (if any) or other authorized deductions shown on this statement have been deducted from your account balance.
5. Be sure that all outstanding items from your previous statement have been included in this statement (otherwise they are still outstanding).
6. Check off on your register each item on this statement.
7. Make a list of the numbers and amounts of those checks and any other items still outstanding in the space provided at left.
8. - 12. Follow directions as prompted in each space.

OUTSTANDING WITHDRAWALS		
NUMBER	AMOUNT	
TOTAL OUTSTANDING WITHDRAWALS CARRY OVER TO LINE 11		

8.	ENTER FINAL BALANCE AS PER STATEMENT	
9.	ADD	
	ANY DEPOSITS NOT CREDITED	
10.	TOTAL	
11.	SUBTRACT TOTAL OUTSTANDING WITHDRAWALS	
12.	BALANCE SHOULD AGREE WITH YOUR ACCOUNT REGISTER	