



P.O. Box 10659
Portland, ME 04104

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CAPE ELIZABETH, ME 04107-2204

Statement of Account

From: 12/01/24 to 12/31/24
Member #: 35170

Please keep this December year end statement for your tax records. Remember that your 1099-INT info is on this statement & no separate mailing will be sent. Be sure to review the included year end notices for additional important info.

MEMBERSHIP SUMMARY INFORMATION FOR MEMBER # 35170 AS OF 12/31/24



Suffix	Account Description	Beginning Balance	Total Debits	Total Credits	Ending Balance	Last Tran
000	<u>PRIMARY SAVINGS</u>	25.00	.00	.00	25.00	2/10/23
100	<u>CHECKING</u>	150.50	789.05	737.76	99.21	12/31/24

000: PRIMARY SAVINGS

Year-to-Date Divd Paid: \$.00
Divd Rate: 200.00 to 2,499.99 = 0.25% 2,500.00 to 9,999.99 = 0.25%
10,000.00 to 24,999.99 = 0.25% 25,000.00 to 74,999.99 = 0.30%
75,000.00 to 249,999.99 = 0.35% 250,000.00 to 999,999,999.99 = 0.40%

No Activity on Account, Last Trans Date: 2/10/23

Balance: \$25.00

100: CHECKING



Year-to-Date Divd Paid: \$.00

Transaction Detail

Date	Transaction Type	#/ID	Transfer Acct	Deposit	Withdrawal	Balance
12/01/24	* Beginning Balance *					\$150.50
12/01/24	DBT/WDR*433624000043 DIGITALOCEAN.COM DIGITALOCEAN. NY	**8532 : Merch / Supp			\$16.00-	\$134.50
12/02/24	ACH/LIBERTY MUTUAL INSRNC PMT				\$45.32-	\$89.18
12/02/24	ACH/Delta Dental WI IDP Pymnt				\$62.42-	\$26.76
12/02/24	ACH/BANK OF AMERICA Payment				\$25.00-	\$1.76
12/02/24	ACH/APPLECARD GSBANK PAYMENT				\$15.81-	\$-14.05
12/02/24	PRIVILEGE PAY FEE AVAIL BALANCE WAS \$1.76 BEFORE ACH/APPLECARD GSBANK				\$30.00-	\$-44.05
12/03/24	CHECKING DEPOSIT	19		\$90.00		\$45.95
12/03/24	ACH/BANK OF AMERICA ONLINE PMT				\$25.00-	\$20.95
12/04/24	ACH/LIBERTY MUTUAL PAYMENT				\$86.17-	\$-65.22
12/04/24	PRIVILEGE PAY FEE AVAIL BALANCE WAS \$20.95 BEFORE ACH/LIBERTY MUTUAL				\$30.00-	\$-95.22
12/05/24	CHECKING DEPOSIT	72		\$500.00		\$404.78
12/06/24	ACH/5758 TORTILLERIA DIRDEP			\$73.88		\$478.66
12/06/24	ACH/PAYPAL INST XFER				\$2.99-	\$475.67

Date	Transaction Type	#/ID	Transfer Acct	Deposit	Withdrawal	Balance
12/06/24	ACH/VSP 800-785-0699 FEES				\$13.13-	\$462.54
12/09/24	ACH/PAYPAL INST XFER				\$1.04-	\$461.50
12/17/24	POS/WDR#435200177892 CVS/PHARMACY #00806 SOUTH PORTLAN ME 00806--51 MARKET STR	**8532 : Merch / Supp			\$9.77-	\$451.73
12/17/24	ATM/WDR#000000008863 TRUCHOICE FCU PORTLAND ME 272 PARK AVE	**8532 : Other			\$20.00-	\$431.73
12/17/24	ATM/WDR#000000008864 TRUCHOICE FCU PORTLAND ME 272 PARK AVE	**8532 : Other			\$100.00-	\$331.73
12/17/24	POS/WDR 435217819427 BIG APPLE #1026 PORTLAND ME	**8532 : Transportation			\$10.57-	\$321.16
12/17/24	ACH/LLBEANMASTERCARD ONLINE PMT				\$29.00-	\$292.16
12/19/24	DBT/WDR 435321300566 PY *HEIDI S BROOKLYN SOUTH PORTLAN ME	**8532 : Restaurant			\$21.57-	\$270.59
12/20/24	ACH/5758 TORTILLERIA DIRDEP			\$73.88		\$344.47
12/20/24	DBT/WDR 435526500009 SP KNITWIT YARN SHOP 120-77746444 ME	**8532 : Merch / Supp			\$28.07-	\$316.40
12/27/24	ACH/APPLECARD GSBANK PAYMENT				\$19.70-	\$296.70
12/30/24	DBT/WDR 436626000001 SP KNITWIT YARN SHOP 120-77746444 ME	**8532 : Merch / Supp			\$28.07-	\$268.63
12/31/24	CHECK 00000841016	6065			\$107.00-	\$161.63
12/31/24	ACH/Delta Dental WI IDP Pymnt				\$62.42-	\$99.21
12/31/24	** Ending Balance **					\$99.21

**** Check Recon ****

Check	Amount
6065	\$107.00

Total NSF FEE summary this period:	.00	Total Year-to-Date:	.00
Total PRIVILEGE PAY FEE summary this period:	60.00	Total Year-to-Date:	270.00

Disclosures

Loan number(s) followed by an asterisk (*) are open end credit accounts. With regard to those accounts, the balance subject to interest rate (shown in the "Balance" column) is the unpaid balance each day after credits are subtracted and the new advances or charges are added. The Finance Charge is computed on the daily outstanding balance by applying the daily periodic rate to the balance for the exact number of days such balance remains outstanding. The outstanding balance is shown in the columns marked balance and the daily periodic rate is disclosed after the account number. The ANNUAL PERCENTAGE RATE, which is determined by multiplying the Daily Periodic Rate by the number of periods in the year (365), is likewise disclosed after the account number.

Your savings are federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government.



FORM 1099-INT

THIS IS YOUR FORM 1099-INT. YOU WILL NOT RECEIVE A SEPARATE FORM 1099-INT IN THE MAIL.
ALL IRA ACTIVITY AND LOAN INTEREST WILL BE REPORTED ON
STANDARD IRS FORMS AND WILL BE SENT IN A SEPARATE MAILING.

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TRUCHOICE FEDERAL CREDIT UNION PO BOX 10659 PORTLAND, ME 04104-0000 800-639-5550		2024 Interest Income Copy B		
		Form 1099-INT OMB No. 1545-0112 For Recipient		
PAYER'S federal identification number 1-0240399		RECIPIENT'S identification number XXX-XX-9014		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Please retain this form for your records. See 1099-INT Instructions for Recipient on an enclosed form.
1 Interest Income not included in Box 3 \$00	2 Early withdrawal penalty \$00	3 Interest on U.S. Savings Bonds and Treas. obligations \$00	4 Federal income tax withheld \$00	

PERIOD ENDING

TO RECONCILE YOUR ACCOUNT

- SUBTOTAL**

\$_____

ADD

\$_____

\$ _____

- ## STATEMENT

SUBTRACT

SUBTRACT

\$_____

\$ _____

\$_____

- SUBTOTAL**

ADD

ADD

\$ _____

\$_____

SUBTRACT

- ADJUSTED STATEMENT
BALANCE**

\$_____

\$_____

1. Verify additions and subtractions both here and in your check register or on your check copies.
2. Compare the check dollar amount shown on your statement with the amounts shown on your check copies or in your check register.
3. Compare deposits shown on the statement with deposits recorded on your check copies or in your register.

In Case of Errors or Questions About Your Statement

In your letter, give us the following information:

- You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Special Rule for Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or service, all purchases are covered regardless of amount or location of purchase.)

In Case of Errors or Questions About Your Electronic Transfers *

Telephone or write us at the address or phone number shown on the first page of this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement. We must hear from you no later than 60 days after we send you the FIRST statement on which the problem or error appeared.

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.

If you tell us orally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will tell you the results of our investigation within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days** to investigate your complaint or question. If we decide to do this, we will credit your account within ten (10) business days*** for the amount you think is in error, so that you have use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within the ten (10) business days, we may not credit your account.

If we decide that there was no error, we will send you a written explanation within three business days after we finish our investigation. You may ask for copies of the documents that we used in our investigations.

* This error correction procedure does not apply to business accounts or to business transactions performed via your account. Trust accounts and custodial accounts are exempt from this procedure in some states.

**** If you give notice of an error within 30 days after you make your first deposit to your account involving a point of sale transaction, or notice of error involving a transaction initiated outside the United States, its possessions and territories, we will have 90 days instead of 45 days to perform our investigation.**

*** If you give notice of an error within 30 days after you make your first deposit to your account, we will have 20 business days instead of 10 business days to credit your account.