



BL ACCT 00005594-10000000 PHYPHA HEALTH CONSULTANCY Account Number: ###-####-1744

Statement Period: 06/01/2020 - 06/30/2020

# Summary of Account Activity Days In Billing Cycle

30 Previous Balance \$275.51 Purchases \$1,231.14 Cash \$0.00 Special \$0.00 \$2.00-Credits Payments \$1,380.39-Other Charges \$0.00 Interest Charges \$0.00

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# **Credit Summary**

 Total Credit Limit
 \$2,000.00

 Available Credit Limit
 \$1,875.74

 Available Cash
 \$1,875.74

 Amount Over Credit Limit
 \$0.00

 Amount Past Due
 \$0.00

 Disputed Amount
 \$0.00

CIDCI EM	Points
CIRCLE™	Available
REWARDS	0

TUSHAR PATEL #### #### #### 1769

### **Contact Information**

Customer Service/Report Lost or Stolen: (844) 334-3808



Go to www.servus.ca/mastercard



Write us at 151 KARL CLARK RD NW, EDMONTON, AB T6N1H-5

#### **Payment Summary**

 NEW BALANCE
 \$124.26

 MINIMUM PAYMENT
 \$10.00

 PAYMENT DUE DATE
 07/21/2020

Minimum Payment Warning: If your minimum payment is not received by the dated listed above, your interest rate may increase to the punitive pricing laid out in your Account Agreement.

If you make no additional charges using this card and each month you pay	You will pay off the balance shown on this statement in about		
Only the minimum payment	1 Year		

(	Cardholder Account Detail			
Tr	ans Date	Post Date	Description	Amount
	05/29	06/01	ALBERTA COLLEGE OF PHA EDMONTON AB	\$883.05
	06/03	06/04	SHEPPARD INSURANCE SER EDMONTON AB	\$195.00
	06/12	06/14	UBER TRIP HELP UBER CO help uber com NLD	\$12.83

PLEASE DETACH THE REMITTANCE SECTION AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 5 DAYS FOR RECEIPT



151 Karl Clark Road NW Edmonton, AB T6N1H5

Total Minimum
Payment Due Date

ate

Account Number #### #### 1744

Do not send cash through the mail.

Statement Period End 06/30/20

New Balance \$124.26 Payment Due \$10.00

07/21/20

\$

EDMONTON AB T6N1H5

AMOUNT OF PAYMENT ENCLOSED

BL ACCT 00005594-10000000 PHYPHA HEALTH CONSULTANCY 5635 ALLBRIGHT BAY SW EDMONTON AB T6W3H6 MAKE CHEQUE PAYABLE TO:

SERVUS CREDIT UNION
151 KARL CLARK ROAD NW

#### **ACCOUNT STATEMENT DISCLOSURE**

<u>Grace Period</u>: In order to take advantage of your **21** day interest-free grace period, you must pay the new balance amount noted on the front of this statement (the "New Balance") by the Minimum Payment Due Date.

<u>Disputes</u>: Any disputes relating to goods or services obtained through the use of your card must be settled by you with the merchant. Any dispute that you have with a merchant does not affect your obligation to pay us the full amount that has been charged to your account. If a merchant gives you a refund and we receive a credit voucher from the merchant, we will credit the account with the amount that has been refunded. However, if interest has been charged in the meantime as a result of the transaction, we will not refund the interest charged.

#### Minimum Payment Calculation:

# 1% of the New Balance + Other Fees + Interest Charges + Any Amount Past Due, or \$15.00

Your minimum payment is the greater of (i) 1% of the New Balance <u>plus</u> any of the applicable "Other Fees" noted in the Cost of Borrowing Disclosure Statement that has previously been delivered to you, <u>plus</u> interest charges <u>plus</u> any amount past due, or (ii) \$15.00. If the New Balance is less than \$15.00, the minimum payment will be the New Balance.

The minimum payment for Business Mastercard is the greater of (i) **3%** of the New Balance, or (ii) **\$10.00** plus any amount past due. If your New Balance is less than **\$10.00**, the minimum payment will be the New Balance.

<u>Credit Limit</u>: Your credit limit is the maximum amount that can be charged to your credit card account, including by way of purchase, cash advances, or balance transfers made by you or your authorised user(s). Your credit limit appears on each monthly statement for your credit card account.

How to Make a Payment: You can make payments on your credit card account by (a) telephone or Internet banking with most financial institutions (which you must set up directly with your financial institution), (b) authorizing us to withdraw an amount from your bank account each month (you must establish a pre-authorized payment plan by contacting us), (c) paying at a local branch or ATM of most financial institutions, or (d) mailing to the "payments" address listed on the front of this statement.

Account Agreement: Please refer to your account agreement for further details.

## BL ACCT 00005594-10000000 PHYPHA HEALTH CONSULTANCY Account Number: #### #### 1744

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Cardhol	Cardholder Account Detail Continued			
Trans Date	Post Date	Description	Amount	
06/12	06/14	UBER TRIP HELP UBER CO help uber com NLD	\$16.00	
06/12	06/14	CREDIT VOUCHER	\$2.00-	
		UBER TRIP HELP.UBER.CO help.uber.com NLD		
06/25	06/26	KOODO MOBILE PAC EDMONTON AB	\$124.26	
06/17	06/18	PAYMENT - THANK YOU	\$1,380.39-	

P∣an Name	Plan Description	Periodic Rate *	Corresponding APR	Interest Charges	Effective APR Fees **	Effective APR
Purchases	•					
PBUS01	PURCHASE	0.04642%(D)	16.9900%	\$0.00	\$0.00	0.0000%
001		. ,				
Cash						
CBUS01	CASH	0.04642%(D)	16.9900%	\$0.00	\$0.00	0.0000%
001						
* Periodic Rate (M)	)=Monthly (D)=Daily				Days In Bill	ing Cycle: 30
** includes cash ad	dvance and foreign currency fees				APR = Ann	ual Percentage Rat