

P.O. Box 830, Danbury CT, 06813-0830

Phone 844-SBD-BANK 844-723-2265 Website www.SBDanbury.com

Member (

LENDER

Customer Statement Pg 1 of 2

Account Number: xxxxxxxx2973
Statement Date: Jun 01, 2019 thru Jun 28, 2019

Summary - All Accounts

Product	Account #	Ending Balance
Commercial	xxxxxxxx2973	\$1,754,75

MOMS CLUB OF BROOKFIELD KERRI PIERZ 3 GEREG GLEN RD BROOKFIELD CT 06804

Commercial - xxxxxxxx2973						
Date	Transaction Description		Withdrawal	Deposit	Balance	
	BEGINNING BALANCE				\$1,754.75	
	No activity this period.					
	ENDING BALANCE				\$1.754.75	

MOMS CLUB OF BROOKFIELD

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Jun 01, 2019	1,754.75	0.00	0.00	0.00	0.00	1,754.75

Statement Summ	nary			
Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxxx2973	Commercial			\$1,754.75



We are here to make the mortgage process Easy:

- Local decision making
- Competitive Rates

- Quick Results

- Expert Advisors

Call us at 844.723.2265 or visit us at www.SBDanbury.com for more information.



Account Number: xxxxxxxx2973 Statement Date: Jun 01, 2019 thru Jun 28, 2019

CHECKS OUTSTANDING					DEPOSITS NOT ON		BEFORE RECONCILING – DEDUCT ANY SERVICE CHARGES OR OTHER DEBIT CHARGES ON	
NUMBER	AMOUNT		NUMBER	AMOUNT	STATEMENT		STATEMENT FROM YOUR CHECKBOOK BALANCE – ADD ANY INTEREST CREDITS OR	
							OTHER CREDITS TO YOUR CHECKBOOK.	
							LAST BALANCE	
							ON STATEMENT	
							ADD DEPOSITS	
							NOT ON STATEMENT +	
							TOTAL	
							DEDUCT TOTAL CHECKS OUTSTANDING -	
							CHECKS OUTSTANDING	
							YOUR CHECKBOOK SHOULD SHOW THIS BALANCE	
							PLEASE CHECK	
							CAREFULLY AND REPORT	
TOTAL TO TOP OF NEXT COLUMN			TOTAL CHECKS OUTSTANDING		TOTAL DEPOSITS		ANY DIFFERENCES	

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us or write us at the number or address shown on the front of the statement, 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.

- 1. Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

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

The following pertains to accounts established for personal, family, or household purposes only.

BILLING RIGHTS SUMMARY IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us at the address shown on the front of this statement as soon as possible. We must hear from you no later than sixty (60) days after we sent you the first statement on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights.

IN YOUR LETTER GIVE US THE FOLLOWING INFORMATION

- 1. Your name and account number.
- 2. The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item that you are unsure about.

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.

IF YOU NEED TO REPORT A CH OR DELIVER TO OUR ADDRESS	HANGE OF ADDRESS, PLEASE COMPLETE THE SECTIC S.	ON BELOW AND RETURN THIS SECTION TO US BY MAI
NAME	OLITICAL PROPERTY.	
	(PLEASE PRINT)	
CITY	STATE	ZIP CODE
AUTHORIZED SIGNATURE		DATE
DAYTIME TELEPHONE ().	HOME TELEPHONE ()
THIS CHANGE APPLIES TO:		
CHECKING ACCOUNT SAVI	NGS ACCOUNT □ SAVINGS CERTIFICATE □ MORTG	AGE LOAN □ INSTALLMENT LOAN □ OTHER □