



# Savings Bank of Danbury

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

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



## Customer Statement

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**Account Number:** xxxxxxxx3775  
**Statement Date:** Jun 01, 2019 thru Jun 28, 2019

## Summary - All Accounts

Product	Account #	Ending Balance
Commercial	xxxxxxx3775	\$250.52

MOMS CLUB OF NEW FAIRFIELD AND BREWSTER  
11 HILLSIDE DR  
NEW FAIRFIELD CT 06812-3222

## Commercial - xxxxxxxx3775

Date	Transaction Description	Withdrawal	Deposit	Balance
	<b>BEGINNING BALANCE</b>			<b>\$63.52</b>
Jun 05	Deposit		157.00	220.52
Jun 05	Deposit Mobile Check Deposit		30.00	250.52
	<b>ENDING BALANCE</b>			<b>\$250.52</b>

MOM'S CLUB OF NEW FAIRFIELD AND BREWSTER

## Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Jun 05	250.52						

## 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	63.52	187.00	0.00	0.00	0.00	250.52



## We are here to make the mortgage process Easy:

- Local decision making
- Quick Results
- Competitive Rates
- Expert Advisors

Call us at 844.723.2265 or visit us at [www.SBDanbury.com](http://www.SBDanbury.com) for more information.

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Account Number:

xxxxxxxx3775

Statement Date:

Jun 01, 2019 thru Jun 28, 2019

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

**PLEASE CHECK  
CAREFULLY AND REPORT  
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.
2. 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.
3. 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 CHANGE OF ADDRESS, PLEASE COMPLETE THE SECTION BELOW AND RETURN THIS SECTION TO US BY MAIL OR DELIVER TO OUR ADDRESS.

NAME ..... (PLEASE PRINT)

STREET ADDRESS .....

CITY ..... STATE ..... ZIP CODE .....

AUTHORIZED SIGNATURE ..... DATE .....

DAYTIME TELEPHONE ( ) ..... HOME TELEPHONE ( ) .....

THIS CHANGE APPLIES TO:

CHECKING ACCOUNT ☐ SAVINGS ACCOUNT ☐ SAVINGS CERTIFICATE ☐ MORTGAGE LOAN ☐ INSTALLMENT LOAN ☐ OTHER ☐



**Account Number:** xxxxxxxx3775  
**Statement Date:** Jun 01, 2019 thru Jun 28, 2019

**Statement Summary**

Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxx3775	Commercial			\$250.52