



For a Better Way of Life.®

P.O. Box 2847 • Fargo, ND 58108-2847

Statement of Account

Statement Date

MAY 29-JUN 28, 2022

Account Number

*****2671

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MOMS CLUB OF WEST FARGO-IR ND
3840 12TH ST W
WEST FARGO ND 58078

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For faster transactions, use the new Gate City Bank debit card wherever you see the contactless symbol at checkout. Stop by any of our convenient locations to receive yours instantly, or visit **GateCity.Bank/Tap** today!

Business Non-Profit Int CK *****2671

Starting Balance	1,069.22	Interest Earned 05-29-2022 through 06-28-2022	0.01
Deposits	47.58	Average Daily Balance During this period	1,053.21
Withdrawals	200.00	Interest Rate	0.01%
Service Charges	0.00	Interest Earned Y-T-D	0.06
Interest	0.01	Annual Percentage Yield Earned	0.01%
Ending Balance	916.81		

Post Date	Trans Date	Transaction Description	Withdrawals	Deposits	Balance
		Starting Balance			1,069.22
06/06	06/06	External Deposit PAYPAL TRANSFER - TRANSFER		23.79	1,093.01
06/22	06/22	Check 2114	105.00		988.01
06/22	06/22	External Deposit PAYPAL TRANSFER - TRANSFER		23.79	1,011.80
06/24	06/24	Point Of Sale Withdrawal MOMS CLUB 8055262725 TXUS Card #0266	95.00		916.80
06/28	06/28	Credit Interest		0.01	916.81

Summary of Returned Item Fees (NSF Fee - Returned Item) and Overdraft Fees (NSF Fee - Paid Item)		
	Total For This Period	Total Year-to-Date
Total Returned Item Fees	0.00	0.00
Total Overdraft Fees	0.00	0.00



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This form is provided to help you balance your checking or savings account. It is important that the balance shown on your records agrees with our records. The reconciliation of this statement with your records is essential. Any error or exception should be reported immediately.

Checks or Withdrawals Standing • Not reflected on this statement

Month _____ 20 _____

CHECK #/WITHDRAWAL	AMOUNT
TOTAL	\$

CHECK #/WITHDRAWAL	AMOUNT
TOTAL	\$

Be sure to adjust your account register balance to reflect any service charge or interest show on this statement

Balance shown on this statement \$ _____

Add + Deposits not shown on this statement \$ _____

Total \$ _____

Subtract - Checks or withdrawals outstanding \$ _____

≈ Balance \$ _____

Balance should agree with account register balance

Information for Consumer Accounts with Electronic Transfers

In case of errors or questions about your electronic transfers: Telephone us at 1-800-423-3344 or write us at Gate City Bank 500 2nd Avenue North, Fargo, ND 58102, as soon as you can. If you think your 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 appeared.

1. Tell us your name and account number
2. Describe the error or the 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
4. Sign and date

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if the account has been open for 30 calendar days or less) to do this, we will credit your account for the amount you think is in error, so you will have use of the money during the time it takes us to complete our investigation.

Billing Rights Summary

Information for customers with overdraft protection: No finance charge will be incurred if there is no loan balance outstanding. The finance charge will begin on the day a loan or advance is processed by the Bank and will continue to accrue until all loan balances are paid in full. An annual maintenance fee will be assessed regardless of whether or not you use the account. Unless prior notification is received, the annual maintenance fee will be assessed on July 1st of each year as a debit through your checking account. If funds are not available we will advance your overdraft protection account.

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 on a separate sheet at the address on this statement as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can 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 you are unsure about.
4. Sign and date

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 bill 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.

Line of credit disclosure: Finance charges are computed on the average daily balance. The average daily balance is determined by dividing the sum of the daily outstanding principal balances less finance charges and service charges by the number of days in the billing period. The total amount of the finance charge for the billing period is computed by multiplying the principal by the daily periodic rate. The periodic rate may vary.