

Account Number: xxxxxxxx2010
Statement Date: Jun 01, 2019 thru Jun 28, 2019

Summary - All Accounts

Product	Account #	Ending Balance
Commercial	xxxxxxx2010	\$682.32

MOMS CLUB OF NEW MILFORD
C/O KELLI A PATTERSON
PO BOX 548
NEW MILFORD CT 06776-2821

Commercial - xxxxxxxx2010

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$1,103.15
Jun 07	Withdrawal	-270.00		833.15
Jun 12	External Deposit PAYPAL - TRANSFER TRANSFER		178.21	1,011.36
Jun 17	417 Check	-43.41		967.95
Jun 19	Deposit		62.87	1,030.82
Jun 19	415 Check	-99.07		931.75
Jun 21	419 Check	-99.43		832.32
Jun 27	420 Over Counter Check	-150.00		682.32
	ENDING BALANCE			\$682.32

MOMS CLUB OF NEW MILFORD

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
415	Jun 19 <input type="checkbox"/>	99.07	419*	Jun 21 <input type="checkbox"/>	99.43	420	Jun 27 <input type="checkbox"/>	150.00
417*	Jun 17 <input type="checkbox"/>	43.41						

Number of Checks: 4 * Indicates a skip in sequence e Indicates an electronic check

Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Jun 07	833.15	Jun 12	1,011.36	Jun 17	967.95	Jun 19	931.75



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xxxxxxx2010

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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

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.

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 ☐



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Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Jun 21	832.32	Jun 27	682.32				

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	1,103.15	241.08	0.00	661.91	0.00	682.32

Statement Summary

Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxx2010	Commercial			\$682.32