

ACCOUNT NUMBER	xxx0965	
STATEMENT DATE	6/28/19	
PAGE	1 of 3	

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MOMS CLUB OF CASTLE ROCK SW CO
3735 STARRY NIGHT LOOP
CASTLE ROCK CO 80109-3728



BASIC SMALL BUSINESS CHECKING					
Account Number	xxx0965	Statement Dates	6/03/19	thru	6/30/19
Previous Stmt Balance	605.34	Days in Statement Period			28
Deposits/Credits	75.00	Average Collected			637.48
Checks/Debits	0.00	Average Ledger			637.48
Service Charge	0.00	Interest Earned			0.00
Interest Paid	0.00				
Current Stmt Balance	680.34				

	DEPOSITS	AND OTHER CREDITS
Date	Description	Amount
6/19	REGULAR DEPOSIT	75.00

DAILY BALANCE SUMMARY					
Date	Balance	Date	Balance	Date	Balance
6/03	605.34	6/19	680.34		



## IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

If you need more information about an electronic transfer appearing on this statement, or if you think your statement or receipt is wrong, please telephone or write us as soon as possible at the phone number or address designated on the front of this statement. 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 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.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (5 business days for Debit Card point of sale transaction) to do this, we will credit 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.

If you would like to confirm that an automatic deposit to your account has been made as scheduled, you may call us during normal business hours at the phone number designated on the front of this statement.

Data

## Reconciliation of Account

CHECKS/TRANSACT	IONS NOT PAID	Tate
CHECKS/THANSACT Check #/ACH/Debit Card	AMOUNT	Please examine this statement and items a once and report any exceptions immediately.  Sort your checks numerically or by date issued Mark off in your checkbook each of you transactions paid by the bank and list the descriptions and amounts of those not paid in the space provided at the left. Include any transactions still not paid from previous statements.  Subtract from your checkbook balance and SERVICE CHARGE (S.C.) or bank charge(stappearing on this statement.  Reconcile your statement in the space provided below.
		Enter bank balance from statement
		Add deposits not credited by bank (if any)
		TOTAL
Total of Transactions not paid		Subtract total of Transactions not paid
	<u> </u>	

CSI REV 042718 6193-STMT

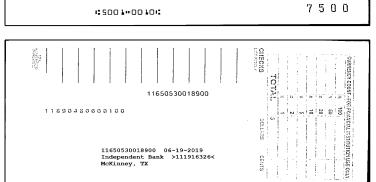
Independent Bank

3030965

Date 1919 19 Student of Castle Rock

26BDP





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CHECKING DEPOSIT

LESS CASH PECEIVED

DOCUMENT

NET \$ ...

DEPOSIT \$ ...

DOA Deposit

75.00

6/19/19 15:52:29 75.00

Brawer:76786 Trans# 16

Deposit Amount \$75.00 Date 6/19/2019