

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

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Danbury.c

Customer Statement Pq 1 of 2

Account Number: xxxxxxxx3775

Statement Date: May 29, 2021 thru Jun 30, 2021

Summary - All Accounts

Product	Account #	Ending Balance
Commercial	xxxxxxxx3775	\$110.09

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

Comn	nercial - xxxxxxxxx3775			
Date	Transaction Description	Withdrawal	Deposit	Balance
BEGINNING BALANCE				\$110.09
	No activity this period.			
	ENDING BALANCE			\$110.09

MOM'S CLUB OF NEW FAIRFIELD AND BREWSTER

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
May 29, 2021	110.09	0.00	0.00	0.00	0.00	110.09

Statement Sumi	mary			
Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxxx3775	Commercial			\$110.09



IMAGINE THE POSSIBILITES!

Ask us about our Home Equity Loans

Stop in or call one of our branches to learn more

Local decision-making



Personal service

Great rate

NMLS# 763547

03GRLB_BK_282SB0001_M036



Account Number: xxxxxxxxx3775 **Statement Date:** May 29, 2021 thru Jun 30, 2021

CHECKS OUTSTANDING DEPOSITS NOT ON STATEMENT **BEFORE RECONCILING - DEDUCT ANY SERVICE** CHARGES OR OTHER DEBIT CHARGES ON STATEMENT FROM YOUR CHECKBOOK NUMBER **AMOUNT** NUMBER **AMOUNT** 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 YOUR CHECKBOOK SHOULD SHOW THIS BALANCE PLEASE CHECK **CAREFULLY AND REPORT** TOTAL TO TOP OF ANY DIFFERENCES TOTAL CHECKS TOTAL DEPOSITS

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

OUTSTANDING

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.

NEXT COLUMN

- 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, OR DELIVER TO OUR ADDRESS.	PLEASE COMPLETE THE SECTION	ON BELOW AND RETURN THIS SECTION TO US BY M	IAI
NAME			
	(PLEASE PRINT)		
STREET ADDRESS			
CITY	STATE	ZIP CODE	
AUTHORIZED SIGNATURE		DATE	
DAYTIME TELEPHONE ()	HOME TELEPHONE ()	
THIS CHANGE APPLIES TO:			
CHECKING ACCOUNT ☐ SAVINGS ACCOUNT ☐ SA	AVINGS CERTIFICATE MORTO	GAGE LOAN INSTALLMENT LOAN OTHER	