

(TENNESSEE) P.O. BOX 630900 CINCINNATI OH 45263-0900

MOMS CLUB OF HENDERSONVILLE AREA 195 SPY GLASS WAY HENDERSONVILLE TN 37075-8587



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3268

Statement Period Date: 6/1/2019 - 6/30/2019 Account Type: BUS BASICS CHECKING Account Number: 7360923028

Banking Center: Callender Lane Banking Center Phone: 615-338-3008 Business Banking Support: 877-534-2264

		A	ccount S	Summary - '	736092302	8		
06/01 5	Beginning Balance Checks Withdrawals / Debits Deposits / Credits			\$507.40 \$(268.48) \$20.00	Number of Da	ys in Period		30
06/30	Ending Balance			\$258.92				
Analysis l	Period: 05/01/19 - 0	5/31/19						
Standard Monthly Service Charge					\$0.00)		
Standard Monthly Service Charge Waived					\$0.00)		
Service Charge withdrawn on 06/21/19					\$0.00	<u> </u>		
Checks			Clar	itute Check			5 checks	totaling \$268.48
Number	ap in check sequence i = Date Paid	Electronic Imag	ge s = subsi Number	Date Paid	Amount	Number	Date Paid	Amount
1076 i	06/24	24.00	1081*i	06/03	21.83	1083 i	06/28	59.90
1077 i	06/03	45.00	1082 i	06/26	117.75			
_	s / Credits		. ,.				1 item	totaling \$20.00
Date 06/21	1							
Daily Ba	lance Summary							
Date	3	Amount	Date		Amount	Date		Amount
06/03		440.57	06/24		436.57	06/28		258.92
06/21		460.57	06/26		318.82			

IF YOU HAVE A FIFTH THIRD BUSINESS OR PROFESSIONAL DEBIT MASTERCARD, YOUR CARD WILL NO LONGER COME WITH CERTAIN INSURANCE BENEFITS DUE TO CHANGES IN THE MASTERCARD DEBIT CARD PROGRAM. THE CANCELLATION OF YOUR EXTENDED WARRANTY-POLICY NO. 84161537-03, PURCHASE ASSURANCE-POLICY NO. 84161537-03, AND MASTERCOVERAGE POLICY NO. 84161543 BENEFITS WILL BE EFFECTIVE ON JULY 1, 2019 AT 12:00 AM EDT. FOR MORE INFORMATION ABOUT YOUR COVERAGE, GO TO WWW.53.COM/DEBIT. TO REQUEST A PRINTED COPY, CALL 800-972-3030. THE POLICIES ARE ISSUED BY NEW HAMPSHIRE INSURANCE COMPANY, AN AIG COMPANY.



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