




P.O. Box 307
Franklin, MA 02038

RETURN SERVICE REQUESTED

MOMS CLUB OF FRANKLIN NORTH, MA
2 RICHARD LN
FRANKLIN MA 02038-2832

Managing Your Accounts

	Main Office	508-528-0088
	PhoneLink	1-877-541-DEAN (3326)
	Mailing Address	PO Box 307, 21 Main Street, Franklin, MA 02038
	Online Banking	www.deanbank.com

Summary of Accounts

Account Type	Account Number	Ending Balance
SBC Free	2000261590	\$1,232.02

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SBC Free-2000261590

Account Summary

Date	Description	Amount
06/01/2023	Beginning Balance	\$1,832.11
	1 Credit(s) This Period	\$136.25
	5 Debit(s) This Period	\$736.34
06/30/2023	Ending Balance	\$1,232.02

Account Activity

Post Date	Description	Debits	Credits	Balance
06/01/2023	Beginning Balance			\$1,832.11
06/07/2023	POS Wth BJS WHOLESALE #0105FRANKLIN USUS	\$84.12		\$1,747.99
06/08/2023	ACH Dep MEETUP: MEMBER D - Meetup ST-J0N2J3F6P9X9		\$136.25	\$1,884.24



21 Main Street, P.O. Box 307
Franklin, MA 02038

ERROR RESOLUTION PROCEDURES

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS: Write us at the above address 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.
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 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.

IN CASE OF ERRORS OR INQUIRIES ABOUT YOUR BILL: Send your inquiry in writing to the above address so that we receive it within 60 days after the bill was mailed to you. Your written inquiry should include:

1. Your name and account number.
2. A description of the error and why (to the extent you can explain) you believe it is an error; and
3. The dollar amount of the suspected error.

If you have authorized us to automatically pay your bill from your checking or savings account, you can stop or reverse payment on any amount you think is wrong by mailing your notice so that we receive it within 16 days after the bill was sent to you.

You remain obligated to pay the parts of your bill not in dispute, but you do not have to pay any amount in dispute during the time we are resolving the dispute. During that same time, we may not take any action to collect disputed amounts or report disputed amounts as delinquent.

IMPORTANT NOTICE FOR PERSONS 65 YEARS OF AGE OR OLDER OR 18 YEARS OF AGE OR YOUNGER

If you are 18 years of age or younger, or 65 years of age or older, you may be eligible to have one checking account and one savings account exempted from all fees, except for fees associated with insufficient funds and optional services. Please inquire for more information.

This form is provided to help you verify your Checking account balance on this statement. Please report any errors promptly.

RECONCILE BELOW

OUTSTANDING CHECKS		CHECKING		SAVINGS	
DATE	AMOUNT	DEDUCT ANY SERVICE CHARGES AND ADD ANY INTEREST SHOWN ON THE OTHER SIDE OF THIS STATEMENT FROM YOUR CHECKING ACCOUNT BALANCE.		ADD THE SAVINGS INTEREST FOR THIS PERIOD TO THE SAVINGS BALANCE SHOWN IN YOUR RECORDS.	
		Enter the ending balance shown on the other side of this statement	\$	Enter the ending balance shown on the other side of this statement	\$
		ADD		ADD	
		Deposits not shown.	{	Savings Deposits and transfers to Savings not shown.....	{
		ADD			
		Advances and Transfers to Checking not shown	{		
		SUBTOTAL		SUBTOTAL	
		DEDUCT		DEDUCT	
		Drafts Outstanding		Savings Withdrawals and Transfers from Savings not shown.....	
		SUBTOTAL			
		DEDUCT			
		Transfers from Checking not shown			
		\$		\$	

THESE BALANCES SHOULD AGREE WITH YOUR RECORDS



SBC Free-2000261590 (continued)**Account Activity (continued)**

Post Date	Description	Debits	Credits	Balance
06/20/2023	POS Wth SP PICASSOTILES 17128 Colima Rd #20HACIENDA HEIG CAUS	\$116.97		\$1,767.27
06/28/2023	POS Wth MOMS CLUB 928 CHEYENNE TRAIL HEWITT TXUS	\$105.00		\$1,662.27
06/29/2023	ACH Wth Postpartum Suppo 2627923240293 - 5038949453	\$250.00		\$1,412.27
06/29/2023	ACH Wth FRANKLINFOODPANT 508-528-3115 - WEBPAYMENT	\$180.25		\$1,232.02
06/30/2023	Ending Balance			\$1,232.02

Daily Balances

Date	Amount	Date	Amount	Date	Amount
06/01/2023	\$1,832.11	06/08/2023	\$1,884.24	06/28/2023	\$1,662.27
06/07/2023	\$1,747.99	06/20/2023	\$1,767.27	06/29/2023	\$1,232.02

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