

315 Main Street, Middletown, CT 06457

RETURN SERVICE REQUESTED

(888) 570-0773

Customer Statement

Pg 1 of 3

Account Number: Statement Date:

xxxxxxxxx8024

Jun 01, 2023 thru Jun 30, 2023

Summary - All Accounts

Ending Balance Product Account # \$859.91 PayBack Business Checking xxxxxxxx8024

MOMS CLUB OF EAST HADDAM CT PO BOX 532 MOODUS CT 06469-0532

Date	ck Business Checking - Transaction Description	AAAAAAAAUU2T		Withdrawal	Deposit	Balance
Jun 30	BEGINNING BALANCE Total Deposits		Service Company Service Company Compan	12.60	56.00	\$816.51
Jun 30	Total Withdrawals ENDING BALANCE	· · · · · · · · · · · · · · · · · · ·			* g	\$859.91
		D	eposits and Credits			
Date	Transaction Description					Amount
Jun 09	Deposit					28.00
Jun 28	Deposit		Sec.			28.00
			Check Summary			
Check No.	Date	Amount Check No.	Date	Amount Check No.	Date	Amount
5	Jun 20 📮	12.60				
mber of	Checks: 1 * Indicates a	skip in sequence	e Indicates an electror	nic check	80	
	3	Ove	rdraft/Returned Item Fees	·		*

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Total For This Period

\$0.00

\$0.00



Member FDIC

Total Year-to-Date

\$0.00

\$0.00

Fee Type

Total Overdraft Fees

Total Returned Item Fees



BANK

Account Number: Statement Date:

xxxxxxxxx8024

Jun 01, 2023 thru Jun 30, 2023

	CHECKS OUTSTANDING				S	BEFORE RECONCILING - DEDUCT ANY SERVICE		
NUMBER	AMOUNT	NUMBER	AMOUNT	NOT ON STATEMEN	T	CHARGES OR OTHER DEBIT CHARGES OF		
						STATEMENT FROM YOUR CHECKBOOK BALANCE - ADD ANY INTEREST CREDITS OR OTHER CREDITS TO YOUR CHECKBOOK.		
					Marin Control	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 NEXT COLUMN		TOTAL CHECKS OUTSTANDING		TOTAL DEPOSITS		ANY DIFFERENCES		

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

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.
- 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.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR CONSUMER FOREIGN ELECTRONIC TRANSFERS

You have the right to dispute errors in your transaction. If you think there is an error, telephone us or write us at the number or address shown on the front of the statement within 180 days after we sent you the FIRST statement on which the error or problem appeared. You may also contact us for a written explanation of your rights.

You can cancel for a full refund within 30 minutes of payment, unless the funds have been picked up or deposited.

For questions or complaints about us, contact the Connecticut Department of Banking, 260 Constitution Plaza, Hartford, CT 06103 or by phone at 800-831-7225 or the Consumer Financial Protection Bureau at www.cfpb.gov or by phone at 855-411-2372.

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, PLEASE COMPLETE THE SECTION BELOW AND RETURN THIS SECTION TO US BY MAI OR DELIVER TO OUR ADDRESS.
NAME
(PLEASE PRINT)
STREET ADDRESS
CITY STATE ZIP CODE
AUTHORIZED SIGNATURE
DAYTIME TELEPHONE () HOME TELEPHONE ()
THIS CHANGE APPLIES TO:
CHECKING ACCOUNT ☐ SAVINGS ACCOUNT ☐ SAVINGS CERTIFICATE ☐ MORTGAGE LOAN ☐ INSTALLMENT LOAN ☐ OTHER ☐

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Account Number: Statement Date:

xxxxxxxxx8024

Jun 01, 2023 thru Jun 30, 2023

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Jun 01, 2023	816.51	56.00	0.00	12.60	0.00	859.91
			The state of the s	E/TITLE		

Statement Summary

Account Number | Product Description | Maturity Date | Rate | Balance |
xxxxxxxxxx8024 | PayBack Business Checking | \$859.91



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