



102 EAST MAIN ST • CLAYTON NC 27520  
TELEPHONE: 800-822-2651 (172)  
RETURN SERVICE REQUESTED

Account Number	XXXXXX7706
Statement Date	06/30/2022
Balance	1,168.37
Enclosures	0
Page	1 of 1

45563 1 AV 0.423 P:45563 / T:169 / S:



MOMS CLUB  
7012 S PINE SHADOWS DR  
GARNER NC 27529-4185



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## NONPROFIT CHECKING ACCOUNT XXXXXX7706

MINIMUM BALANCE	1,120.88	LAST STATEMENT 05/31/22	1,090.88
AVG AVAILABLE BALANCE	1,175.96	2 CREDITS	90.00
AVERAGE BALANCE	1,175.96	1 DEBITS	12.51
		THIS STATEMENT 06/30/22	1,168.37

### OTHER CREDITS

DESCRIPTION	DATE	AMOUNT
PAYPAL TRANSFER 1020406041501	06/01	30.00
PAYPAL TRANSFER 1020432489475	06/02	60.00

### OTHER DEBITS

DESCRIPTION	DATE	AMOUNT
XX0325 DDA POS PURCH 06/24 09:09 WAL-MART #5743 GARNER NC 24574301 765523	06/24	12.51

### DAILY BALANCE

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
06/01	1,120.88	06/02	1,180.88	06/24	1,168.37

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[illegible]

### STATEMENT INFORMATION

Please examine this statement immediately and report any inaccuracies. If no reply is received within 30 days from the date we mailed this statement the account will be considered correct.

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

Telephone or write us at the telephone number or address located on the front of this 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 from the date we mailed you the FIRST statement on which the error or problem appeared.

- (1) Tell us your name and the 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 the investigation.

**YOUR LINE OF CREDIT ACCOUNT SUMMARY OF RIGHTS IS OUTLINED BELOW**

This is a summary of your rights; a full statement of your rights and our responsibilities under the Federal Fair Credit Billing Act will be sent to you both upon your request and in response to a billing error notice.

### What To Do If You Think You Find A Mistake On Your Statement

**If you think there is an error on your statement, write to us, on a separate sheet of paper, at the address shown on the front of this bill.**

**In your letter, give us the following information:**

- \* **Account information:** Your name and account number.
- \* **Dollar amount:** The dollar amount of the suspected error.
- \* **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

**You must contact us within 60 days after the error appeared on your statement.**

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- \* We cannot try to collect the amount in question, or report you as delinquent on that amount.  
 \* The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.  
 \* While you do not have to pay the amount in question, you are responsible for the remainder of your balance.  
 \* We can apply any unpaid amount against your credit limit.

A daily **FINANCE CHARGE** will be imposed on all credit advances made under your Line of Credit Account from the date of each credit advance based on the "average daily balance" method. To get the average daily balance we take the beginning balance of your Line of Credit Account each day, add any new advances, and subtract any payments or credits and unpaid **FINANCE CHARGES**. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance".

Your periodic rate may vary if your Line of Credit is variable rate.

Your minimum periodic payment required is shown on the front of this bill. You may pay off your Line of Credit balance at any time, or make voluntary additional payments. Unless otherwise agreed to Payments shall be applied in the following order: to (a) any unpaid **FINANCE CHARGES**; (b) any voluntary credit life and disability insurance premiums; (c) unpaid principal; (d) late charges and other charges; (e) and then to any amounts that exceed your credit limit.

Send payments and inquiries to the address shown on the front of this bill.

NOTE: Payments must be received by the earlier of the time the branch closes or 5:00 p.m. Eastern Time, Monday through Friday, except bank holidays, to be credited as of that date. All other payments received will be credited as of the next business day or as otherwise permitted by law.