

ADDRESS SERVICE REQUESTED

MOMS CLUB OF MONTGOMERY NEW JERSEY PO BOX 40 SKILLMAN NJ 08558-0040

Statement Ending 06/30/2020

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Managing Your Accounts

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Branch Name Rocky Hill Office



Branch Number (609) 921-1776



Mailing Address 995 Route 518 Skillman, NJ 08558



Online Banking www.1stconstitution.com



Summary of Accounts

Account TypeAccount NumberEnding BalanceBUSINESS CHECKINGXXXXXXXXX0237\$1,965.20

BUSINESS CHECKING - XXXXXXXXX0237

Account Summary

 Date
 Description
 Amount

 05/30/2020
 Beginning Balance
 \$2,622.99

 1 Credit(s) This Period
 \$58.83

 6 Debit(s) This Period
 \$716.62

 06/30/2020
 Ending Balance
 \$1,965.20

Deposits

 Date
 Description
 Amount

 06/04/2020
 PAYPAL TRANSFER 1009193997585
 \$58.83



THIS INFORMATION PERTAINS TO YOUR CASH RESERVE ACCOUNT DISCLOSURES REQUIRED BY FEDERAL LAW

The **FINANCE CHARGE** is figured on an average daily balance method including current transactions.

We figure the **FINANCE CHARGE** on your account by applying the periodic rate (as noted on face) to the "average daily balance" (identified as balance on which finance charge is computed) of your account (including current transactions). To get the "average daily balance" we take the beginning balance of your account each day, add any new advances/loans, and subtract any payments or credits, and unpaid finance charges. This gives us the 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".

Payments should be made on or before the due date shown on this statement. A LATE CHARGE OF 5% or \$5.00, whichever is the lesser, shall be applied on the amount of the payment in default fifteen (15) days or more. No more than one late charge shall be made on any one payment in arrears. Life Insurance if requested will be charged at .69¢ per \$1,000.00 of average balance outstanding per month. The Life Insurance charge will be calculated as part of the periodic rate as noted on the face of this statement.

IN CASE OF ERROR OR INQUIRIES ABOUT YOUR BILL

Send your inquiries in writing so that we receive it within 60 days after the bill was mailed to you. Your written inquiry must 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.

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 as delinquent.

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

SEND INQUIRIES TO:

1ST CONSTITUTION BANK 2650 ROUTE 130 CRANBURY, NJ 08512

NOTICE REQUIRED BY NEW JERSEY ADVANCE LOAN LAW OF 1968

THIS STATEMENT REPRESENTS AN ACCOUNTING BETWEEN THE BANK AND YOU. IF THERE IS AN ERROR IN IT, CALL IT TO THE BANK'S ATTENTION PROMPTLY IN WRITING. FAILURE TO DO SO WITHIN SIX (6) MONTHS FROM THE DATE OF THIS STATEMENT MAY BAR YOUR RIGHT TO HAVE THE ERROR CORRECTED. NOTICE MUST BE SENT BY CERTIFIED MAIL.

The above notice which permits you to notify us of any error in this statement within 6 months from the date of such statement is inconsistent with the 60 day provision allowed by Federal Law.

Relying on the longer period permitted by State Law may result in the loss of important rights which can be preserved by acting more promptly under Federal Law.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS, telephone us at 609-655-4500 or write us at:

1st Constitution Bank, 2650 Route 130, Cranbury, NJ 08512

as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error 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 it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you believe is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account the amount you think is in error.

If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

	ACCOUNT RECONCILIA	TION	
Deduct service charge and any your check book.	debitmemosnotentered from		
2. Add unrecorded transactions t	o your check register.	NUMBER	AMOUNT
List all checks issued but not o account on this or prior staten		NONDER	AMOUNT
Enter the last balance shown of this Statement	on		
Arrange deposits by date an any not shown on statemen			
6. Add the above amounts			
7. Subtract the total amount (che outstanding) shown on right	cks		
This should be your checkbo balance	ok	TOTAL	





BUSINESS CHECKING - XXXXXXXXX0237 (continued)

Other Debits				
Date	Description	Amount		
06/04/2020	PAYPAL INST XFER REREGARMAN	\$36.62		
06/04/2020	PAYPAL INST XFER MTVFC 1	\$100.00		
06/08/2020	PAYPAL INST XFER FOODBANKNET	\$100.00		

Checks Cleared

Check Nbr	Date	<u>Amount</u>	Check Nbr	Date	<u>Amount</u>	Check Nbr	Date	Amount
929	06/08/2020	\$100.00	931* 00	6/24/2020	\$130.00	932	06/12/2020	\$250.00

^{*} Indicates skipped check number

Daily Balances

<u>Date</u>	<u> Amount</u>	<u>Date</u>	<u> </u>
06/04/2020	\$2,545.20	06/12/2020	\$2,095.20
06/08/2020	\$2,345.20	06/24/2020	\$1,965.20

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



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#0931 06/24/2020	\$130.00

MOM'S CLUB OF MONTGOMERY NEW JERSEY

932

55715/12

(6 5 3630 Date

Tax is the Montgomery Food Pantry \$ 350. Where
Two Hundred Efry and 100 - 100 library

To Bank 200 200 200 100 - 100 library

To Final Dentin 400 100 100 2371 0932

#0932 06/12/2020 \$250.00