



Clackamas County Bank

SINCE 1911

24 HOUR BANKING INFORMATION (503) 668-4535
WWW.CLACKAMASCOUNTYBANK.COM

STATEMENT OF ACCOUNT
RETAIN FOR YOUR RECORDS

MOMS CLUB GRESHAM
4025 SE 10TH DR
GRESHAM, OR 97080-9143

July 10, 2023

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Account	4352233 BD-BUDGET CHECKING	June 8, 2023 thru July 10, 2023
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Beginning Balance		456.02
Deposits	0	.00
Checks	0	.00
Electronic Checks	0	.00
Withdrawals	0	.00
Ending Balance		456.02

If a transaction you authorize is presented for payment and there are insufficient funds in the account, the item may be returned to the submitter and an NSF fee assessed. Each time the same item is re-presented against insufficient funds, it is subject to the assessment of an NSF fee, whether the item is paid or returned.

MOMS CLUB GRESHAM

July 10, 2023

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Account	4352233	BD-BUDGET CHECKING
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Account Balancing Worksheet

Update your checkbook with any transactions listed on this statement which are not recorded in your check register.

Interest Paid \$.00

Service Charges	\$.00
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Account Ending Balance	\$	456.02
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Add Deposits not included on statement

DATE	AMOUNT	

Outstanding Deposits	\$	+
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Subtract Checks and Debits not included on statement

[illegible]

Outstanding Items	\$	
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Calculate the Ending Balance \$

This amount should be the same as the current balance shown in your check register.

FINANCE CHARGE:

The calculation of the finance charge begins at the time purchases or advances are posted to your account. Below is the detailed disclosure of this finance charge calculation.

1. The monthly finance charge is calculated using the actual daily balances for the billing period.
2. The actual daily balances are calculated by subtracting each day's credits and payments, and adding each day's purchases, advances, and other debits to the previous day's balance.
3. The monthly finance charge is the accumulated sum of each day's per diem. The per diem is calculated by multiplying the actual daily balance by the daily periodic rate shown on the front of this statement.
4. The total finance charge shown on the front of this statement is the sum of the monthly finance charge and any transaction charges assessed to your account.

PAYMENTS:

1. A MINIMUM PAYMENT equal to the greater of a specified minimum amount or percentage (listed on the front of this statement) of the outstanding account balance, plus any amount in excess of your credit limit, on the statement date. Automatic payments: If funds are insufficient to cover your minimum payment, it will be taken on the day of your next deposit.
2. Additional payments may be made at any time to reduce the account balance. All payments will be applied first to finance charge and then to account advances.

CONSUMER BILLING RIGHT SUMMARY

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think your bill or statement is wrong, or if you need more information about a transaction, write to us as soon as possible on a separate sheet at the address listed on front of this statement. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can 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. A description of the error and explain why you believe there is an error.
3. The dollar amount of the suspected error.

You do not have to pay the amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. If you have authorized us to automatically pay your bill from your checking account, you can stop or reverse payment on any amount you think is wrong. To stop the payment, your letter must reach us three business days before the automatic payment is scheduled to occur. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

EXAMINE AT ONCE:

Report any error in the statement or the enclosed vouchers immediately. Items are credited subject to final payment. Notify the bank of any address change.

This statement of account shall be considered correct for all purposes and the Bank shall not be liable for charges made to your account unless you notify the Bank in writing of any forgeries within 30 days of delivery or mailing of this Statement.

In case of errors or inquiries about your electronic transfers, telephone us at 1 (503) 668-5501 or write to: Clackamas County Bank, 38975 Proctor Blvd., Sandy, Oregon 97055.

To report lost or stolen Debit/Visa Check cards after banking hours call 1-800-523-4175.

MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION