



PO. Box 14220
 Portland, OR 97293-0220
 Phone: 503-785-2528
 Toll Free 800-547-5532
 www.advantiscu.org

Statement of Account

Advantis Home Mortgage Limited-time Special Offer!

No origination fee!

-- Choose any first mortgage loan --



Restrictions apply.
 Learn more at:
 www.advantiscu.org

Applications must be received by 6/30/19 and funded by 9/30/19 to qualify for offer. For dwelling secured loans hazard insurance is required and flood insurance may be required. Loans Subject to underwriting approval. NMLS 532339



RETURN SERVICE REQUESTED

855049458 1 1/2 UNQ 06-01-19 SD



MOMS CLUB OF WEST LINN
 2045 ALPINE DR
 WEST LINN OR 97068-8617

Member Number	Statement Date	Page
1516900	05-31-19	1 of 1

Business Savings		ACCT# 1	05-01-19 THRU 05-31-19	PREVIOUS BALANCE	5.00
Date	Transaction Description			Amount	Balance
MAY31	NEW BALANCE				5.00

Business Solutions Check		ACCT# 2	05-01-19 THRU 05-31-19	PREVIOUS BALANCE	235.01	
Date	Transaction Description				Amount	Balance
MAY31	DIVIDEND				0.01	235.02
*** ANNUAL PERCENTAGE YIELD EARNED FROM 05-01-19 THRU 05-31-19 WAS 0.05% ***						
MAY31	NEW BALANCE					235.02

DEPOSITS, DIVIDENDS AND OTHER CREDITS

Date	Amount	Date	Amount	Date	Amount	Date	Amount
MAY31	0.01						
TOTAL DIVIDENDS		1	0.01				
TOTAL DEPOSITS AND OTHER CREDITS		0	0.00				

WITHDRAWALS, FEES AND OTHER DEBITS

Date	Amount	Date	Amount	Date	Amount	Date	Amount
TOTAL FEES		0	0.00				
TOTAL WITHDRAWALS AND OTHER DEBITS		0	0.00				

***** STATEMENT SUMMARY *****

Acct	New Balance	Dividends YTD	Tax Name	Loan	New Balance	FINANCE CHARGE YTD
1	5.00	0.00	MOMS CLUB OF WEST LINN			
2	235.02	0.02	MOMS CLUB OF WEST LINN			
TOTAL DIVIDENDS YTD		0.02				



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 at the address listed on the front of this statement. 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.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
1. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
2. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us *in writing* at the address listed on your statement. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

CREDIT REPORTING NOTICE

CREDIT REPORTING NOTICE

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONICS TRANSFERS

Telephone us at 503-785-2528 or 800-547-5532 or write us at the address listed on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on the statement. We must hear from you no later than 60 days after 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, 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 credit 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.

Finance Charge-Balance Computation (Open End Loans)

We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new purchases, advances or other charges, and subtract any payments or credits. This gives us the daily balance.

Optional Credit Insurance

Credit insurance is voluntary and is not required to obtain this loan. You can get insurance only if you sign up for it. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop the insurance by notifying the credit union in writing. If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month. You are eligible for disability insurance only if you are under age 66 and working for wages or profit for 25 hours per week or more. You are eligible for credit life insurance if you are under age 70. You are eligible for insurance up to the Maximum Age for insurance. Insurance will stop when you reach that age. If the insured is totally disabled for 30 days, the Disability Benefit will retroactively begin on the 1st day.

LIST CHECKS OUTSTANDING NOT CHARGED TO YOUR CHECKING ACCOUNT			
CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
		TOTAL ►	

PERIOD ENDING		
1. <u>SUBTRACT</u> FROM YOUR CHECKING REGISTER ANY CHARGES LISTED ON THIS CHECKING STATEMENT WHICH YOU HAVE NOT PREVIOUSLY DEDUCTED FROM YOUR BALANCE. ALSO, <u>ADD</u> ANY DIVIDEND.		
2. ENTER CHECKING BALANCE SHOWN ON THIS STATEMENT HERE.	\$	
3. ENTER DEPOSITS MADE LATER THAN THE ENDING DATE ON THIS STATEMENT.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 4em; margin-right: 10px;">{</div> <div style="text-align: center;"> <div>+</div> <div>+</div> <div>+</div> </div> </div>	\$
		\$
		\$
	TOTAL (2 PLUS 3)	\$
4. IN YOUR CHECK REGISTER CHECK OFF ALL CHECKS PAID AND IN AREA PROVIDED AT LEFT LIST NUMBERS AND AMOUNTS OF ALL UNPAID CHECKS.		
5. <u>SUBTRACT</u> TOTAL CHECKS OUTSTANDING.	{ -	\$
6. THIS AMOUNT SHOULD EQUAL YOUR CHECK REGISTER BALANCE.		\$