



Savings Bank of Danbury

P.O. Box 830, Danbury CT, 06813-0830

Phone
844-SBD-BANK
844-723-2265
Website
www.SBDanbury.com



Customer Statement

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Account Number: xxxxxxxx2973
Statement Date: May 29, 2021 thru Jun 30, 2021

Summary - All Accounts

Product	Account #	Ending Balance
Commercial	xxxxxxx2973	\$2,337.97

MOMS CLUB OF BROOKFIELD
KERRI PIERZ
3 GEREG GLEN RD
BROOKFIELD CT 06804

Commercial - xxxxxxxx2973

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$2,337.97
	No activity this period.			
	ENDING BALANCE			\$2,337.97

MOMS CLUB OF BROOKFIELD

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
May 29, 2021	2,337.97	0.00	0.00	0.00	0.00	2,337.97

Statement Summary

Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxx2973	Commercial			\$2,337.97



IMAGINE THE POSSIBILITIES!

Ask us about our Home Equity Loans
Stop in or call one of our branches to learn more

- Local decision-making
- Personal service
- Great rate



NMLS# 763547



xxxxxxx2973

Statement Date: May 29, 2021 thru Jun 30, 2021

CHECKS OUTSTANDING						DEPOSITS NOT ON STATEMENT		BEFORE RECONCILING – DEDUCT ANY SERVICE CHARGES OR OTHER DEBIT CHARGES ON STATEMENT FROM YOUR CHECKBOOK BALANCE – ADD ANY INTEREST CREDITS OR OTHER CREDITS TO YOUR CHECKBOOK.
NUMBER	AMOUNT		NUMBER	AMOUNT				
								LAST BALANCE ON STATEMENT _____
								ADD DEPOSITS NOT ON STATEMENT + _____
								TOTAL _____
								DEDUCT TOTAL CHECKS OUTSTANDING – _____
								YOUR CHECKBOOK SHOULD SHOW THIS BALANCE _____
TOTAL TO TOP OF NEXT COLUMN			TOTAL CHECKS OUTSTANDING			TOTAL DEPOSITS		PLEASE CHECK CAREFULLY AND REPORT ANY DIFFERENCES

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.

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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.

NAME
(PLEASE PRINT)

STREET ADDRESS

CITY STATE ZIP CODE

AUTHORIZED SIGNATURE DATE

DAYTIME TELEPHONE (). HOME TELEPHONE ().

THIS CHANGE APPLIES TO:

CHECKING ACCOUNT ☐ SAVINGS ACCOUNT ☐ SAVINGS CERTIFICATE ☐ MORTGAGE LOAN ☐ INSTALLMENT LOAN ☐ OTHER ☐