

(NORTHEASTERN OHIO) P.O. BOX 630900 CINCINNATI OH 45263-0900

MOMS CLUB STOW OHIO 2652 SERRA VISTA DR STOW OH 44224-1614



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15848

Statement Period Date: 6/1/2019 - 6/30/2019 Account Type: REGULAR BUS CHECKING Account Number: 7522768253

Banking Center: Oregon Trails Banking Center Phone: 330-686-0511 Business Banking Support: 877-534-2264

Account Summary - 7522768253				
06/01	Beginning Balance Checks Withdrawals / Debits	\$1,163.46	Number of Days in Period	30
1	Deposits / Credits	\$50.00		
06/30	Ending Balance	\$1,213.46		
Analysis I	Period: 05/01/19 - 05/31/19)		
Standard Monthly Service Charge			\$0.00	
Standard Monthly Service Charge Waived			\$0.00	
Service Charge withdrawn on 06/21/19			\$0.00	
Deposits	s / Credits			1 item totaling \$50.00
Date	Amount	Description		
06/26	50.00	VENMO CASHOUT 219794720	6 062619	
Daily Ba	lance Summary			
Date	Amou	ınt		
06/26	1,213	.46		

IF YOU HAVE A FIFTH THIRD BUSINESS OR PROFESSIONAL DEBIT MASTERCARD, YOUR CARD WILL NO LONGER COME WITH CERTAIN INSURANCE BENEFITS DUE TO CHANGES IN THE MASTERCARD DEBIT CARD PROGRAM. THE CANCELLATION OF YOUR EXTENDED WARRANTY-POLICY NO. 84161537-03, PURCHASE ASSURANCE-POLICY NO. 84161537-03, AND MASTERCOVERAGE POLICY NO. 84161543 BENEFITS WILL BE EFFECTIVE ON JULY 1, 2019 AT 12:00 AM EDT. FOR MORE INFORMATION ABOUT YOUR COVERAGE, GO TO WWW.53.COM/DEBIT. TO REQUEST A PRINTED COPY, CALL 800-972-3030. THE POLICIES ARE ISSUED BY NEW HAMPSHIRE INSURANCE COMPANY, AN AIG COMPANY.



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