

Account Number: xxxxxxxx5884
Statement Date: Jun 01, 2019 thru Jun 28, 2019

006149

MOMS CLUB OF NEWTOWN
P O BOX 461
BOTSFORD CT 06404-0461

Summary - All Accounts

Product	Account #	Ending Balance
Non-Profit NOW	xxxxxxx5884	\$3,913.92

Non-Profit NOW - xxxxxxxx5884

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$3,971.89
Jun 11	External Deposit Square Inc - L52043 190611P2		30.00	4,001.89
Jun 18	244 Check	-118.28		3,883.61
Jun 20	External Deposit Square Inc - L52245 190620P2		30.00	3,913.61
Jun 28	Credit Interest		0.31	3,913.92
	ENDING BALANCE			\$3,913.92

MOMS CLUB OF NEWTOWN

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
244	Jun 18	118.28						

Number of Checks: 1 * Indicates a skip in sequence e Indicates an electronic check

Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Jun 01	3,971.89	Jun 18	3,883.61	Jun 20	3,913.61	Jun 28	3,913.92
Jun 11	4,001.89						



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xxxxxxx5884

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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 ☐



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Interest Summary

Avg. Daily Balance	Min. Balance for Period	Interest Period	Days in Period	Interest Earned	Annual Percentage Yield Earned	Interest Paid YTD
3,954.35	3,883.61	Jun 01, 2019 - Jun 28, 2019	28	0.31	0.10%	1.98

Interest Rate Summary

Date	Rate%	Date	Rate%	Date	Rate%	Date	Rate%
May 29	0.10%						

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
Jun 01, 2019	3,971.89	60.00	0.31	118.28	0.00	3,913.92

Statement Summary

Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxx5884	Non-Profit NOW		0.10%	\$3,913.92