



# 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:** xxxxxxxx3775  
**Statement Date:** May 29, 2021 thru Jun 30, 2021

## Summary - All Accounts

Product	Account #	Ending Balance
Commercial	xxxxxxx3775	\$110.09

MOMS CLUB OF NEW FAIRFIELD AND BREWSTER  
11 HILLSIDE DR  
NEW FAIRFIELD CT 06812-3222

## Commercial - xxxxxxxx3775

Date	Transaction Description	Withdrawal	Deposit	Balance
	<b>BEGINNING BALANCE</b>			<b>\$110.09</b>
	No activity this period.			
	<b>ENDING BALANCE</b>			<b>\$110.09</b>

MOM'S CLUB OF NEW FAIRFIELD AND BREWSTER

## 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	110.09	0.00	0.00	0.00	0.00	110.09

## Statement Summary

Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxx3775	Commercial			\$110.09



## 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



xxxxxxxx3775

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

**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 ☐