

**Account Number:** xxxxxxxx0154  
**Statement Date:** May 29, 2021 thru Jun 30, 2021

**Summary - All Accounts**

Product	Account #	Ending Balance
Non Profit NOW	xxxxxxx0154	\$87.64

MOMS CLUB OF FAIRFIELD CT SOUTH  
C/O LAURIE C RUBEL  
33 FERN ST  
FAIRFIELD CT 06824-6822

**Non Profit NOW - xxxxxxxx0154**

Date	Transaction Description	Withdrawal	Deposit	Balance
	<b>BEGINNING BALANCE</b>			<b>\$828.70</b>
Jun 01	External Deposit MEETUP: MEMBER - D Meetup ID NBR: ST-J2N3Y4A9G0B2		22.62	851.32
Jun 01	681 Check	-618.92		232.40
Jun 29	External Deposit MEETUP: MEMBER - D Meetup ID NBR: ST-L4N1P4L0N3Z0		45.24	277.64
Jun 30	682 Check	-190.00		87.64
	<b>ENDING BALANCE</b>			<b>\$87.64</b>

MOMS CLUB OF FAIRFIELD CT SOUTH

**Check Summary**

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
681	Jun 01	618.92	682	Jun 30	190.00			

Number of Checks: 2 \* Indicates a skip in sequence e Indicates an electronic check

**Balance Summary**

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Jun 01	232.40	Jun 29	277.64	Jun 30	87.64		

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**Account Number:**

xxxxxxx0154

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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		<b>PLEASE CHECK CAREFULLY AND REPORT ANY DIFFERENCES</b>

## IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us or write us at the number or address shown on the front of the statement, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or transfer you are unsure about, and 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. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit 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.

For errors involving new accounts, point-of-sale, or foreign initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount in error.

After completing the investigation, we will tell you the results within three business days. If we decide there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

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.

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.

IF YOU NEED TO REPORT A CHANGE OF ADDRESS, PLEASE COMPLETE THE SECTION BELOW AND RETURN THIS SECTION TO US BY MAIL OR DELIVER TO OUR ADDRESS.

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
283.59	87.64	May 29, 2021 - Jun 30, 2021	33	0.00	0.00%	0.00

**Interest Rate Summary**

Date	Rate%	Date	Rate%	Date	Rate%	Date	Rate%
Sep 14	0.00%						

**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	828.70	67.86	0.00	808.92	0.00	87.64