

### RETURN SERVICE REQUESTED

MOMS CLUB OF SANGAMON CO SOUTH 3914 BRANDONSHIRE DR SPRINGFIELD IL 62704-6710

# Statement Ending 06/28/2019

MOMS CLUB OF SANGAMON CO Customer Number: XXXXXXXX1993

**Branch Name** 

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Managing Your Accounts

**Branch Number** 217-483-2491

301 N Main

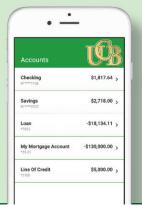
**Branch Address** PO Box 138

Chatham

Chatham IL 62629

Online Banking UCBbank.com

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To report a lost or stolen debit or ATM card after business hours call (888) 849-6046.

# Summary of Accounts

**Account Type Ending Balance** Account Number SMALL BUSINESS CHECKING XXXXXXXX1993 \$757.26

# SMALL BUSINESS CHECKING - XXXXXXXX1993

## **Account Summary**

Date	Description	Amount
06/01/2019	Beginning Balance	\$917.26
	3 Credit(s) This Period	\$60.40
	4 Debit(s) This Period	\$220.40
06/28/2019	Ending Balance	\$757.26



### THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

WITHDRAWALS OUTSTANDING- NOT CHARGED TO ACCOUNT

# NO \$ TOTAL \$

### **BEFORE YOU START-**

PLEASE BE SURE YOU HAVE ENTERED IN YOUR REGISTER ALL AUTOMATIC TRANSACTIONS SHOWN ON THE FRONT OF YOUR STATEMENT

YOU SHOULD F IF ANY OCCUR 1. Loan advanc 2. Credit memo 3. Other autom 4. Interest paid	RRED es	YOU SHOULD HAVE SUB- TRACTED IF ANY OCCURED 1. Automatic loan payments 2. Automatic savings transfers 3. Service charges 4. Debit memos 5. Other automatic deductions and payments
BALANC ON THIS ST	E SHOWN ATEMENT	\$ 
ADD DEPOSITS NO ON THIS ST		\$
	TOTAL	\$ <del></del>
SUBTRACT WITHDRAW OUTSTANI		\$ 
BALANCE		\$ 
	WITH YOUR REGIS	 

Please examine immediately and report if incorrect. If no reply is received within 60 days, the account will be considered correct.

# IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS (APPLIES TO CONSUMER ACCOUNTS ONLY)

Telephone or write us at the telephone number or address located on the front of this 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 (if any)
- (2) Describe the error or the 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

We will investigate your complaintand will correct any error promptly. If we take more than 10 business days (5 business days for Check Card point-of-sale transactions and 20 business days if the transfer involved a new account) to do this, we will credit 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.

### INFORMATION ABOUT YOUR RESERVE CASH LOAN ACCOUNT

This is a summary of your rights, a full statement of your rights and our responsibilities under The Federal Fair Credit Billing Act will be sent to you both upon request and in response to a billing error notice.

Your Demand Deposit Loan Account is operated in conjunction with your Demand Deposit Account. Any changes for your checking account will be made to the Demand Deposit Account and they will be the same changes as are made for the Demand Deposit Accounts not operated in conjunction with Demand Deposit Loan Accounts. The following information thus applies only to loans made to you under your Demand Deposit Loan Account line of credit.

### IN CASE OF ERRORS OR INQUIRIES ABOUT YOUR RESERVE CASH LOAN ACCOUNT OR LINE OF CREDIT STATEMENT

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address located on the front of this bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- (1) Your name and accountnumber
- (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 itemyou are unsure about.

You do not have to pay any money in question while we are investigating, but you are still obligated to pay the parts of your bill that are not inquestion. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

We figure a portion of the FINANCE CHARGE on your Demand Deposit Loan Account by applying the daily periodic rate(s) to the "Daily Balance" of your account for the billing cycle. To get the "Daily Balance" we take the beginning balance of your account each day, and add any newadvances and subtract any payments or credits and unpaid FINANCE CHARGES. This gives us the daily balance.

The minimum periodic payment required is shown on the front of the bill. You may pay off your Demand Deposit Loan Account loan balance at any time or make voluntary additional payments. Payments shall be applied, first to any unpaid FINANCE CHARGES, and second the principal loan balance outstanding in your Demand Deposit Loan Account Periodic statement may be sent to you at the end of each billing cycle showing your Demand Deposit Loan Account transactions.

Send payments and inquiries to address shown on front of statement.

NOTE: Payments received after close of business shall be deemed received on the following business day for purposes of crediting your account.



# Statement Ending 06/28/2019

MOMS CLUB OF SANGAMON CO
Customer Number: XXXXXXXX1993

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# SMALL BUSINESS CHECKING - XXXXXXXX1993 (continued)

Account Ac	ctivity			
Post Date	Description	Debits	Credits	Balance
06/01/2019	Beginning Balance			\$917.26
06/04/2019	DEPOSIT		\$60.00	\$977.26
06/12/2019	CHECK # 2034	\$30.00		\$947.26
06/19/2019	PAYPAL VERIFYBANK 1005902849778		\$0.20	\$947.46
06/19/2019	PAYPAL VERIFYBANK 1005902849776		\$0.20	\$947.66
06/19/2019	PAYPAL VERIFYBANK 1005902849782	\$0.40		\$947.26
06/24/2019	CHECK # 2035	\$140.00		\$807.26
06/24/2019	CHECK # 2036	\$50.00		\$757.26
06/28/2019	Ending Balance			\$757.26

# **Checks Cleared**

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	<u>Amount</u>
2034	06/12/2019	\$30.00	2035	06/24/2019	\$140.00	2036	06/24/2019	\$50.00

<sup>\*</sup> Indicates skipped check number

### **Daily Balances**

<u>Date</u>	Amount	Date	Amount
06/04/2019	\$977.26	06/19/2019	\$947.26
06/12/2019	\$947.26	06/24/2019	\$757.26

# **Overdraft and Returned Item Fees**

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



# Statement Ending 06/28/2019

MOMS CLUB OF SANGAMON CO
Customer Number: XXXXXXXX1993

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\$60.00 6/4/2019

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2034 \$30.00 6/12/2019

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2036 \$50.00 6/24/2019

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