

Account Number: xxxxxxxx0154
Statement Date: May 30, 2020 thru Jun 30, 2020

Summary - All Accounts

| Product | Account # | Ending Balance |
|----------------|-------------|----------------|
| Non Profit NOW | xxxxxxx0154 | \$196.66 |

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 |
|--------|---|------------|---------|-----------------|
| | BEGINNING BALANCE | | | \$948.69 |
| Jun 01 | External Withdrawal Ffld COVID - Rel Ffld COVID ID NBR: ST-K9J0K8Q7G4Q0 | -200.00 | | 748.69 |
| Jun 01 | 675 Check | -98.94 | | 649.75 |
| Jun 01 | 677 Check | -200.00 | | 449.75 |
| Jun 01 | 678 Check | -190.00 | | 259.75 |
| Jun 09 | External Deposit WePay PAYMENTS - NTE*ZZZ*Payouts | | 67.86 | 327.61 |
| Jun 23 | 679 Check | -130.95 | | 196.66 |
| | ENDING BALANCE | | | \$196.66 |

MOMS CLUB OF FAIRFIELD CT SOUTH

Check Summary

| Check No. | Date | Amount | Check No. | Date | Amount | Check No. | Date | Amount |
|-----------|---------------------------------|--------|-----------|---------------------------------|--------|-----------|---------------------------------|--------|
| 675 | Jun 01 <input type="checkbox"/> | 98.94 | 678 | Jun 01 <input type="checkbox"/> | 190.00 | 679 | Jun 23 <input type="checkbox"/> | 130.95 |
| 677* | Jun 01 <input type="checkbox"/> | 200.00 | | | | | | |

Number of Checks: 4 * Indicates a skip in sequence e Indicates an electronic check

Balance Summary

| Date | Balance | Date | Balance | Date | Balance | Date | Balance |
|--------|---------|--------|---------|--------|---------|------|---------|
| Jun 01 | 259.75 | Jun 09 | 327.61 | Jun 23 | 196.66 | | |

**Keep you and your transactions safe
 and protected with contactless payments.
 Add your Fairfield County Bank
 Visa® Debit Card to your mobile wallet.**




Fairfield County Bank
 Member FDIC
 We Are Fairfield County
 FairfieldCountyBank.com

Account Number:

xxxxxxx0154

Statement Date: May 30, 2020 thru Jun 30, 2020

| 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 |

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 ☐



Account Number: xxxxxxxx0154

Statement Date: May 30, 2020 thru Jun 30, 2020

Interest Summary

| Avg. Daily Balance | Min. Balance for Period | Interest Period | Days in Period | Interest Earned | Annual Percentage Yield Earned | Interest Paid YTD |
|--------------------|-------------------------|-----------------------------|----------------|-----------------|--------------------------------|-------------------|
| 316.73 | 196.66 | May 30, 2020 - Jun 30, 2020 | 32 | 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 30, 2020 | 948.69 | 67.86 | 0.00 | 819.89 | 0.00 | 196.66 |