

315 Main Street, Middletown, CT 06457

RETURN SERVICE REQUESTED

Liberty Customer Service (888) 570-0773

liberty-bank.com MEMBER FDIC

© EQUAL HOUSING LENDER NMLS #459028

Account Number:

Customer Statement

xxxxxxxx2366

Statement Date: Jun 01, 2019 thru Jun 28, 2019

Summary - All Accounts

Product	Account #	Ending Balance
Non-Profit Checking	xxxxxxxx2366	\$729.52

MOMS CLUB OF MOODUS CT PO BOX 532 MOODUS CT 06469-0532

Non-P	rofit Checking - xxxxxxxxx2366			
Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$844.52
Jun 28	Total Deposits		150.00	
Jun 28	Total Withdrawals	265.00		
	ENDING BALANCE			\$729.52

Deposits and Credits

Date	Transaction Description	Amount
Jun 05	Deposit	50.00
Jun 05	Deposit	25.00
Jun 13	Deposit	75.00

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
290	Jun 25 📮	240.00	292*	Jun 28 📮	25.00			

Number of Checks: 2

* Indicates a skip in sequence

e Indicates an electronic check

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



Premium Fraud Protection

Protect your business from fraud with Liberty Bank's Positive Pay. Now offering 3 months FREE.

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Call a Cash Management Specialist at (860) 344-7311.

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MEMBER FDIC

♠ EQUAL HOUSING LENDER

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xxxxxxxxx2366

Statement Date: Jun 01, 2019 thru Jun 28, 2019

			DEPOSITS	BEFORE RECONCILING – DEDUCT ANY SERVICE	
NUMBER	AMOUNT	NUMBER	AMOUNT	NOT ON STATEMENT	CHARGES OR OTHER DEBIT CHARGES ON
					STATEMENT FROM YOUR CHECKBOOK BALANCE – ADD ANY INTEREST CREDITS OR OTHER CREDITS TO YOUR CHECKBOOK.
					OTHER CREDITS TO TOOK CHECKBOOK.
					LAST BALANCE
					ON STATEMENT
					ADD DEPOSITS
					NOT ON STATEMENT +
					TOTAL
					DEDUCT TOTAL
					CHECKS OUTSTANDING -
					YOUR CHECKBOOK SHOULD
					SHOW THIS BALANCE ———
					PLEASE CHECK
					CAREFULLY AND REPORT
TOTAL TO TOP OF NEXT COLUMN		TOTAL CHECKS OUTSTANDING		TOTAL DEPOSITS	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.
- 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.

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.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR CONSUMER FOREIGN ELECTRONIC TRANSFERS

You have the right to dispute errors in your transaction. If you think there is an error, telephone us or write us at the number or address shown on the front of the statement within 180 days after we sent you the FIRST statement on which the error or problem appeared. You may also contact us for a written explanation of your rights.

You can cancel for a full refund within 30 minutes of payment, unless the funds have been picked up or deposited.

For questions or complaints about us, contact the Connecticut Department of Banking, 260 Constitution Plaza, Hartford, CT 06103 or by phone at 800-831-7225 or the Consumer Financial Protection Bureau at www.cfpb.gov or by phone at 855-411-2372.

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.
- 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, PLEASI OR DELIVER TO OUR ADDRESS.	E COMPLETE THE SECTIO	ON BELOW AND RETURN THIS SECTION TO US B	SY MAIL
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 MORTG	GAGE LOAN INSTALLMENT LOAN OTHER	



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LIBERTY

Account Number:

xxxxxxxx2366

Statement Date:

Jun 01, 2019 thru Jun 28, 2019

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Jun 01, 2019	844.52	150.00	0.00	265.00	0.00	729.52

Statement Sum	ımary			
Account Number	Product Description	Maturity Date	Rate	Balance
vvvvvvv2366	Non-Profit Checking			\$729.52

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