



Statement of Account

Last statement: May 31, 2020
This statement: June 30, 2020
Total days in statement period: 30

Click here for inserts:

www.boh.com/ebankoh/140_inserts.asp

MOMS CLUB OF OAHU-LEEWARD HI
92-1217 UAHANAI PL
KAPOLEI HI 96707

Account: 0081-037361
Page 1 of 2
Number of Enclosures: (0)

Direct inquiries to:
888 643-3888

KAPOLEI BANKING CENTER
4480 KAPOLEI PARKWAY SUITE 700
KAPOLEI HI 96707

Bank of Hawaii

IMPORTANT NOTIFICATION: EFFECTIVE JULY 21, 2020 TEMPORARY WAIVERS FOR ATM FEES WILL END AND FROM AND AFTER JULY 22, 2020, ATM FEES AND CHARGES WILL APPLY AS PROVIDED IN THE CONSUMER AND BUSINESS CHECKING AND SAVINGS ACCOUNT FEE SCHEDULES. PLEASE REFER TO THE OTHER FEES SECTION OR CONTACT OUR CUSTOMER SERVICE CENTER BY CALLING THE DIRECT INQUIRIES TO PHONE NUMBER LISTED ON YOUR STATEMENT. MEMBER FDIC.

Business Checking Option 1

Account number	0081-037361	Beginning balance	\$1,330.44
Low balance	\$1,280.44	Total additions	.00
Average balance	\$1,320.44	Total subtractions	50.00
		Ending balance	<u>\$1,280.44</u>

CHECKS

Number	Date	Amount	Number	Date	Amount
1007	06-25	50.00			

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
05-31	1,330.44	06-25	1,280.44		

UNDERSTANDING YOUR ACCOUNT STATEMENT

Please report immediately any errors, discrepancies, irregularities or omissions.

This statement summarizes the activity of your account(s) during the statement period shown on the first page.

Not all statements contain the sections described below.

1. **CHECKS** appear on checking statements in numerical order if checks were processed during the statement cycle. An asterisk (*) next to the check number indicates that a check(s) preceding it is not stated because it has not yet cleared the bank, was listed on a prior statement or is an ACH converted check. ACH converted checks appear in the DEBITS section.
2. **DEBITS** Include withdrawals, automatic deductions/payments, transfers out of the account, ACH converted checks, card transactions (such as ATM and Check Card transactions), certain fees (such as the Monthly Service Fee/Maintenance Fee (if any)).
3. **CREDITS** include deposits, transfers to the account, special entries (such as corrections) and Interest Earned (if applicable).
4. **DAILY BALANCES** include all activity up to and including that date.
5. **SUMMARY OF ACCOUNT BALANCES** is reflected for combined statements. This reflects the balance at the end of the statement period.

ACCOUNT RECONCILIATION

This worksheet will assist you in balancing your account.

- Ending balance reflected on this statement:

\$

- Add deposits and transfers to this account; not yet reflected on this statement:

Date	Amount	Date	Amount	Date	Amount	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	+ \$

- Sub-Total:

= \$

- Subtract checks, withdrawals and transfers out of this account, not yet reflected on this statement:

Date/Check No.	Amount	Date/Check No.	Amount	Date/Check No.	Amount	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	- \$

- Current Account Balance:

(For checking accounts, this amount should equal your checkbook register balance.)

= \$

ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS (For Consumers Only)

In case of errors or questions about your electronic transfers, or if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, contact us (as soon as you can) at the phone numbers listed below or write to us at:

Bank of Hawaii, Dispute Processing Center, P.O. Box 2900, Honolulu, HI 96802-9986

We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

Please provide us the following information:

- Your name and account number
- Describe the error or transfer you are questioning and explain as clearly as you can why you believe there is an error or why you need more information
- Date and dollar amount of the suspected error

We will investigate your complaint and correct any errors promptly. If we take more than 10 business days to do this, we may provisionally credit your account for the amount in question so that you will have use of the money during the time it takes to complete our investigation. A written statement may be required from you within this 10 business-day period in order to credit your account.

FAIR CREDIT REPORTING ACT DISCLOSURE (For Consumers Only)

If you believe we may have reported inaccurate information about your account to a consumer reporting agency, write us a letter addressed to Bank of Hawaii, Recovery Department, PO Box 135020, Honolulu, HI 96801-5020. Please include your account number and the last four digits of your social security number, and identify the inaccurate information and why you feel it is inaccurate.

State of Hawaii: 643-3888
U.S. Mainland and Canada 1-888-643-3888
(TTY for the hearing impaired: 1-888-643-9888)

American Samoa: 1-888-643-3888 (Long distances charges may apply)
Guam and Saipan: 1-877-553-2424
In Palau: 680-488-3338