

P.O. Box 830, Danbury CT, 06813-0830

Phone 844-SBD-BANK 844-723-2265 Website

Website www.SBDanbury.com



Account Number:

xxxxxxxx2010

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

Summary - All Accounts

Product	Account #	Ending Balance
Commercial	xxxxxxxx2010	\$682.32

MOMS CLUB OF NEW MILFORD C/O KELLI A PATTERSON PO BOX 548 NEW MILFORD CT 06776-2821

Comm	ercial - xxxxxxxx2010			
Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$1,103.15
Jun 07	Withdrawal	-270.00		833.15
Jun 12	External Deposit PAYPAL - TRANSFER TRANSFER		178.21	1,011.36
Jun 17	417 Check	-43.41		967.95
Jun 19	Deposit		62.87	1,030.82
Jun 19	415 Check	-99.07		931.75
Jun 21	419 Check	-99.43		832.32
Jun 27	420 Over Counter Check	-150.00		682.32
	ENDING BALANCE			\$682.32

MOMS CLUB OF NEW MILFORD

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
415	Jun 19 📮	99.07	419*	Jun 21 📮	99.43	420	Jun 27 📮	150.00
⊿17 *	lun 17 □	43 41						

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

Balance Summary

Date	Balance Da	ate	Balance	Date	Balance	Date	Balance
Jun 07	833.15 J	lun 12	1,011.36	Jun 17	967.95	Jun 19	931.75



We are here to make the mortgage process Easy:

- Local decision making

- Competitive Rates

- Quick Results

- Expert Advisors

Call us at 844.723.2265 or visit us at www.SBDanbury.com for more information.

031PFA_BK_282SB0001_M012



Account Number: xxxxxxxx2010
Statement Date: Jun 01, 2019 thru Jun 28, 2019

CHECKS OUTSTANDING DEPOSITS NOT ON STATEMENT BEFORE RECONCILING - DEDUCT ANY SERVICE CHARGES OR OTHER DEBIT CHARGES ON STATEMENT FROM YOUR CHECKBOOK NUMBER **AMOUNT** NUMBER **AMOUNT** BALANCE - ADD ANY INTEREST CREDITS OR OTHER CREDITS TO YOUR 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** ANY DIFFERENCES TOTAL TO TOP OF TOTAL CHECKS TOTAL DEPOSITS **NEXT COLUMN** OUTSTANDING

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.

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.

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 MAI OR DELIVER TO OUR ADDRESS.
NAME(PLEASE PRINT)
STREET ADDRESS
CITY 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:

xxxxxxxx2010

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

Balance Summary

DateBalanceDateBalanceDateBalanceDateBalanceJun 21832.32Jun 27682.32

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

 Jun 01, 2019
 1,103.15
 241.08
 0.00
 661.91
 0.00
 682.32

 Statement Summary

 Account Number
 Product Description
 Maturity Date
 Rate
 Balance

xxxxxxxx2010 Commercial \$682.32