

(TENNESSEE) P.O. BOX 630900 CINCINNATI OH 45263-0900

MOMS CLUB OF SPRING HILL PO BOX 2001 SPRING HILL TN 37174-2003



Banking Center: Spring Hill Banking Center Phone: 615-302-4353 Business Banking Support: 877-534-2264

Statement Period Date: 6/1/2019 - 6/30/2019 Account Type: BUS BASICS CHECKING Account Number: 7360266246

4583

Account Summary - 7360266246				
06/01	Beginning Balance Checks Withdrawals / Debits	\$1,144.40	Number of Days in Period	30
1	Deposits / Credits	\$110.00		
06/30	Ending Balance	\$1,254.40		
Analysis I	Period: 05/01/19 - 05/31/1	.9		
Standard Monthly Service Charge			\$0.00	
Standard Monthly Service Charge Waived			\$0.00	
Service Charge withdrawn on 06/21/19			\$0.00	
Deposits / Credits				1 item totaling \$110.00
Date	Amount	Description		
06/20	110.00	DEPOSIT		
Daily Ba	lance Summary			
Date	te Amount			
06/20	1,25	64.40		

IF YOU HAVE A FIFTH THIRD BUSINESS OR PROFESSIONAL DEBIT MASTERCARD, YOUR CARD WILL NO LONGER COME WITH CERTAIN INSURANCE BENEFITS DUE TO CHANGES IN THE MASTERCARD DEBIT CARD PROGRAM. THE CANCELLATION OF YOUR EXTENDED WARRANTY-POLICY NO. 84161537-03, PURCHASE ASSURANCE-POLICY NO. 84161537-03, AND MASTERCOVERAGE POLICY NO. 84161543 BENEFITS WILL BE EFFECTIVE ON JULY 1, 2019 AT 12:00 AM EDT. FOR MORE INFORMATION ABOUT YOUR COVERAGE, GO TO WWW.53.COM/DEBIT. TO REQUEST A PRINTED COPY, CALL 800-972-3030. THE POLICIES ARE ISSUED BY NEW HAMPSHIRE INSURANCE COMPANY, AN AIG COMPANY.



This page intentionally left blank.