# Transaction History

July 01, 2019 through June 30, 2020



Parker Parker mcofeastlyme.treasurer@gmail.com

Date	Description	Status	Currency	Gross	Fee	Net
06/15/2020	General Payment: Jessica Shelberg ID: 95H00115KA770252L	Completed	USD	-40.00	0.00	-40.00
06/15/2020	Bank Deposit to PP Account ID: 8GA97543LK172353R	Pending	USD	40.00	0.00	40.00
06/15/2020	General Payment: Korie Witcraft ID: 8PB16231812878805	Completed	USD	30.00	0.00	30.00
06/22/2020	General Withdrawal ID: 6U064588LJ2169802	Completed	USD	-30.00	0.00	-30.00
06/30/2020	Mobile Payment: Allison Pearsall ID: 70J31285K4364223B	Completed	USD	30.00	0.00	30.00
06/30/2020	General Withdrawal ID: 4A533382EA112801H	Completed	USD	-30.00	0.00	-30.00



315 Main Street, Middletown, CT 06457

**RETURN SERVICE REQUESTED** 

Liberty Customer Service (888) 570-0773 liberty-bank.com

**Customer Statement** 

Fy 1 01 4

**Account Number:** 

xxxxxxxxx5445

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

**Summary - All Accounts** 

Product Account # Ending Balance
PayBack Business Checking xxxxxxxx5445 \$723.21

MOMS CLUB OF EAST LYME CT 70 GROUSE CIRCLE EAST LYME CT 06333-1317

Date	Transaction Description					Wit	hdrawal	Deposit	Balance
	<b>BEGINNING BALANC</b>	E							\$783.21
Jun 30	Total Deposits							180.00	
Jun 30	Total Withdrawals					2	40.00		
	ENDING BALANCE								\$723.21
			Depos	its and Credits	S				
Date	Transaction Description								Amount
Jun 11	Deposit								150.00
Jun 23	External Deposit PA	YPAL TRAN	ISFER TRANSF	ER					30.00
			Withdra	wals and Debi	ts				
Date	Transaction Description								Amount
Jun 16	External Withdrawal	PAYPAL IN	STANT TRANSI	FER INST XF	ER				-40.00
			Chec	ck Summary					
Check No.	Date	Amount	Check No.	Date	Am	ount	Check No.	Date	Amount
151	Jun 19 📮	200.00							

e Indicates an electronic check

### **Funds Availability Information**

Effective 7/1/2020, the amount available for withdrawal on exception holds for large deposits is increasing from \$5,000 to \$5,525.

\* Indicates a skip in sequence

# Personal Health Savings Account Effective 8/1/2020, Rate Tiers will change: from \$5,000 and above \$5,000 -\$4,999.99 \$0.01 - \$5,000 \$0.01 - \$2,499.99

y fi d

Number of Checks: 1

03A20A\_BK\_144LI0001\_M150

Account Number:

xxxxxxxxx5445

Statement Date:

May 30, 2020 thru Jun 30, 2020

	CHECKS OUTSTANDING			DEPOSITS NOT ON		BEFORE RECONCILING – DEDUCT ANY SERVICE	
NUMBER	AMOUNT	NUMBER	AMOUNT	STATEMENT		CHARGES OR OTHER DEBIT CHARGES O STATEMENT FROM YOUR CHECKBOO	
						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 =====	
						DI EASE CHECK	
						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 <a href="www.cfpb.gov">www.cfpb.gov</a> 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, PLEAS OR DELIVER TO OUR ADDRESS.	SE COMPLETE THE SECTION	ION BELOW AND RETURN THIS SECTION TO US E	3Y 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   MORTO	GAGE LOAN I INSTALLMENT LOAN I OTHER	



Pa 3 of 4

**Account Number:** 

xxxxxxxx5445

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

LTBERTY BANK

#### 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
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Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
May 30, 2020	783.21	180.00	0.00	240.00	0.00	723.21

<b>Statement Summ</b>	ary			
Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxxx5445	PayBack Business Checking			\$723.21

Customer Statement Pq 4 of 4

Account Number:xxxxxxxx5445Statement Date:May 30, 2020 thru Jun 30, 2020

## **Account Analysis**

Combined Accounts: xxxxxxxx5445 PayBack Business Checking

Combined Accounts: xxxxxxxx5445 PayBack Business C	Checking	
Transaction Charges		<b>#0.00</b>
Checks Written	1_	\$0.00
Local Items Deposited	5	\$0.00
ACH Debits	1	\$0.00
ACH Credits	1	\$0.00
SUBTOTAL: Transaction Charges		\$0.00
Average Collected Balance		
Average Collected Balance		\$786.02
Net Collected Balance		\$786.02
Service Charge Assessment		
Transaction Charges less Earnings Credit		\$0.00
Service Charge Assessed		\$0.00
5		*