CHECKING RECONCILEMENT

| LIST CHECKS OUTSTANDING NOT CHARGED TO YOUR CHECKING ACCOUNT |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| CHECK NUMBER | AMOUNT | CHECK NUMBER | AMOUNT |  |  |
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## FOR THE MONTH OF

ENDING BALANCE
SHOWN ON THIS STATEMENT

## PLUS DEPOSITS

NOT SHOWN ON THIS STATEMENT
$+$
SUB-TOTAL
LESS TOTAL OUTSTANDING DRAFTS
ADJUSTED STATEMENT
ENDING BALANCE
$=$ $\qquad$
ENDING BALANCE IN
YOUR CHECK REGISTER
ADJUSTMENTS TO $\quad+$
YOUR CHECK REGISTER
ADJUSTED CHECK REGISTER ENDING BALANCE

## THE STATEMENTS BELOW PERTAIN TO OPEN-END LOAN ACCOUNTS ONLY

## HOW TO COMPUTE THE FINANCE CHARGE ON YOUR OPEN-END LOANS

The unpaid principal balance for each day is multiplied by the daily periodic rate to determine the FINANCE CHARGE for that day. The sum of these daily charges is the FINANCE CHARGE you will pay. The unpaid principal balance is that balance which is in your account at the close of business after all transactions, including payments and new borrowings, have been entered. FINANCE CHARGES will be imposed from the date of disbursement. There is no free period.

## CREDIT INSURANCE NOTICE

Credit Life and Credit Disability Insurance Certificate holders, under Open-End Credit Accounts reported on this statement, are required by California law to be advised of the following: THI INSURANEEMAY NOT COVER AN ADVANCEOR CHARGE UNDER YOUR CREDITLINE F YOUR DISABILTI OR DEATH RESULTS FROM A CONDITION FOR WHICH YOU HAVE SEEN A DOCTOR OR CHIROPRACTOR IN THE SIX MONTHS BEFORE THE ADVANCE OR CHARGE

## YOUR BILLING RIGHTS - KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.
NOTIFY US 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 on a separate sheet at the address listed on your statement. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.
In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected erro
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item 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 bill 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.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS Write us at the address shown on the statement, or telephone us at the telephone number shown on 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 wrong or if you need more info
(1) Tell us your name and account number

1) Tell us your name and account number. unsure about, and explain as clearly as you can why you believe there is an error or why you need more information
(2) Describe the error or the transfer you are unsure

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this (or within twenty (20) business days, in the case of a claim made within 30 calendar days after an account is opened), 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.

