## STATEMENT OF ACCOUNT ACTIVITY





SHEILA BRANDON VICTOR SCOTT BRANDON 2425 GOLDEN HILL RD STE 106-168 PASO ROBLES CA 93446-7039

Date

6/05

6/10

Balance

.00

148.00

Date

6/11

6/12

 Page
 1 of 2

 Branch
 045

 Account Number:
 8000381684

 Date
 06/28/2024

ME

		L	IFE STY 50 NON INT		Acc	t 8000381684					
Summary of Activity Since Your Last Statement											
	Begir	nning Balance	6/01/24	.00							
	Deposits / Misc Credits Withdrawals / Misc Debits ** Ending Balance		6	2,372.54							
			6	2,372.54							
			6/30/24	.00	**						
	Servi	ce Charge		.00							
	Avera	age Collected Balance	!	31							
eposits	and Credits										
ate	Deposits	Withdrawals	Activity Description								
6/05	779.70		Internet Transfer From 4489								
6/10	148.00		Internet Transfer From 4489								
6/11	810.27		Internet Transfer From 4489								
6/12	85.00		Internet Transfer From 4489								
6/21	233.57		Internet Transfer From 4489								
6/21	316.00		Internet Transfer From 4489								
Withdra	wals and Debits	;									
Date	Deposits	Withdrawals	Activity Description								
6/05		779.70	BANKDIRECT CAPIT/PAYME	NTS							
			18177421 8054598729								
6/11		148.00	JDF WEB PAY/JDF WEBPAY								
			510002412466 BRANDON V	ICTOR SCOT							
6/11		810.27	PGANDE/WEB ONLINE								
			94912270061024 SHEILA BF	RANDON							
6/13		85.00	DISCOVER/E-PAYMENT								
			4373 BRANDON VICTOR								
6/21		316.00	CAPITAL ONE/ONLINE PMT								
			3XPCTWU9FEHRCRE SHEILA	r Brandon							
6/24		233.57	ALLY CC/ONLINEPYMT								
			241730401574797 SHEILA E	Brandon							

Balance

.00

85.00

Date

6/13

6/21

Balance

.00

233.57



## STATEMENT OF ACCOUNT ACTIVITY

866-353-1476 www.ppbi.com

SHEILA BRANDON VICTOR SCOTT BRANDON 2425 GOLDEN HILL RD STE 106-168 PASO ROBLES CA 93446-7039 Page Branch 2 of 2

Account Number:

045 8000381684

Date

06/28/2024

ME

## **Daily Balance Summary**

Date Balance Date Balance Date Balance
6/24 .00

## Overdraft and NSF Fees Summary

	•	
	Total For	Total Year
Fees Type	This Period	To Date
Total Overdraft Fees	\$.00	\$.00
Total Returned Item Fees	\$.00	\$.00

OTIVITAL OF VIDE	RESS FOR EXISTING	G ACCOUNTS				
ENTER NAME AND COR		CHECKING ACCOUNT NUMBER:				
PORTION AND H	RETURN IT TO THE ADDRESS	IF YOU H	IF YOU HAVE ANY OTHER ACCOUNTS, PLEASE LIST BELOW.			
NAME		TY	TYPE		CCOUNT NUMBER	
NAME						
STREET ADDRESS						
CITY						
STATE	ZIP CODE					
TAX PAYER"S IDENTIFYING NO.	PHONE					
SIGNATURE						
		Detach And Return To Bank	· ·		· s— :—	
	M / DEBIT WITHDRAWALS O			CHEC	квоок	RECONCILIATION
DATE OR # AMOUNT	DATE OR #   AMOUNT	DATE OR # AMOUNT		ENTER		
				BALANCE THI STATEMENT	IS	
				ADD		
		<del>                                     </del>	<u> </u>	RECENT DEP (NOT CREDIT THIS STATEM	ED ON	
		<del>                                     </del>	<del> </del>			
'		<del>                                     </del>	<u>'</u>			
<del>-   '  </del>		+ +	<u>'</u> ——   -			
·		+ + -	·     ;	SUBTOTAL		
	1			SUBTRACT TOTAL CHECKS / ATM		
		TOTAL \$		WITHDRAWAI OUTSTANDIN	LS	
checkbook but included on this statemer	kbook balance after deducting charges an nt as follows: \ Automatic Payment - Deduct \ Transfer		Ţ	BALANCE		
	OR OMISSIONS WITHIN 30 DAY		WILL BE CONS	SIDERED COR	RECT AN	D CHECKS GENUINE. ALL
*Printed check charges include	tax and shipping					
If your checkbook and statement d  Accounted for bank charges?	→ Verified additions and su	subtractions in your Comp	pared cancelled/i	mages checks	Comp	ared deposit amounts on
_	F ERRORS OR QUES	— to che	ECKDOOK		— staten	nent to your checkbook?  NSFERS
If you have any concerns or questi	ions about the accuracy of your stat t the Bank no later than 60 days aft	tement or receipt, please conta	ct us at 866.353.	.1476 or write u	s at the ac	ddress below.
In your correspondence, please in	nclude:					
<ol> <li>Your name and account</li> <li>Describe the error or cor</li> <li>Dollar amount of the sus</li> </ol>	ncern, and explain as clearly as you	u can why you believe it is an e	rror or why you n	need more infor	mation.	

Your concern will be investigated and any errors corrected promptly. If the investigation takes longer than 10 business days from the date of your notification, your account will be temporarily credited for the amount in question, while we complete our investigation.

As a consumer, additional information on a summary of your rights and responsibilities is included in the Deposit Account Agreement and Information Brochure. To report a lost or stolen card during non-business hours, call 866.353.1476.