



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

Page 1 of 2
Branch 045
Account Number: 8000381684
Date 07/31/2024

ME

LIFE STY 50 NON INT

Acct 8000381684

Summary of Activity Since Your Last Statement

Table with 3 columns: Description, Date, Amount. Rows include Beginning Balance, Deposits / Misc Credits, Withdrawals / Misc Debits, Ending Balance, Service Charge, and Average Collected Balance.

Deposits and Credits

Table with 4 columns: Date, Deposits, Withdrawals, Activity Description. Lists various deposit transactions from 7/01 to 7/31.

Withdrawals and Debits

Table with 4 columns: Date, Deposits, Withdrawals, Activity Description. Lists various withdrawal transactions from 7/02 to 7/15.



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ME

Withdrawals and Debits

| Date | Deposits | Withdrawals | Activity Description  |
|------|----------|-------------|---|
| 7/18 |          | 100.00      | 2336 BRANDON VICTOR<br>JDF WEB PAY/JDF WEBPAY<br>510002412466 BRANDON VICTOR SCOT |
| 7/22 |          | 80.00       | Internet Transfer To 4489   |
| 7/22 |          | 200.00      | Internet Transfer To 4489   |
| 7/22 |          | 420.00      | Internet Transfer To 1854   |
| 7/25 |          | 460.00      | The Cadle Co/D001143462   |
| 7/30 |          | 38.30       | Internet Transfer To 4489   |
| 7/31 |          | 2,400.00    | MORTGAGE SERV CT/MTG PAYMT<br>0589096700 SHEILA BRANDON                           |

Daily Balance Summary

| Date | Balance  | Date | Balance | Date | Balance  |
|------|----------|------|---------|------|----------|
| 7/01 | 1,000.00 | 7/15 | 14.00   | 7/25 | 38.30    |
| 7/02 | .00      | 7/16 | 100.00  | 7/30 | 2,400.00 |
| 7/08 | 900.00   | 7/18 | .00     | 7/31 | 200.00   |
| 7/09 | 800.00   | 7/22 | .00     |      |          |
| 7/11 | .00      | 7/24 | 498.30  |      |          |

Overdraft and NSF Fees Summary

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

## CHANGE OF ADDRESS FOR EXISTING ACCOUNTS

|   |          |  |                |
|---|----------|--|----------------|
| <b>ENTER NAME AND CORRECT ADDRESS BELOW, THEN CUT OFF THIS PORTION AND RETURN IT TO THE ADDRESS BELOW</b> |          | CHECKING ACCOUNT NUMBER:                           |                |
|   |          | IF YOU HAVE ANY OTHER ACCOUNTS, PLEASE LIST BELOW. |                |
| NAME  |          | TYPE   | ACCOUNT NUMBER |
| NAME  |          |  |                |
| STREET ADDRESS  |          |  |                |
| CITY  |          |  |                |
| STATE   | ZIP CODE |  |                |
| TAX PAYER'S IDENTIFYING NO.   | PHONE    |  |                |
| SIGNATURE   |          |  |                |

*Detach And Return To Bank*

| CHECK / ATM / DEBIT WITHDRAWALS OUTSTANDING |        |           |        |           |        | CHECKBOOK RECONCILIATION |  |
|---|--------|-----------|--------|-----------|--------|--------------------------|--|
| DATE OR #                                   | AMOUNT | DATE OR # | AMOUNT | DATE OR # | AMOUNT |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
|   |        |           |        |           |        |                          |  |
| <b>TOTAL \$</b>                             |        |           |        |           |        |                          |  |

BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows:  
 interest - Add | Check Printing\* - Deduct \ Automatic Payment - Deduct \ Transfer - Add | Service Charge - Deduct

**ENTER**  
BALANCE THIS STATEMENT

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**ADD**  
RECENT DEPOSITS (NOT CREDITED ON THIS STATEMENT)

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**SUBTOTAL**

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**SUBTRACT**  
TOTAL CHECKS / ATM WITHDRAWALS OUTSTANDING

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**BALANCE**

**PLEASE REPORT ANY ERRORS OR OMISSIONS WITHIN 30 DAYS, OTHERWISE, STATEMENT WILL BE CONSIDERED CORRECT AND CHECKS GENUINE. ALL DEPOSITS AND CREDITS ARE SUBJECT TO FINAL PAYMENT.**

**\*Printed check charges include tax and shipping**  
 If your checkbook and statement do not balance, have you:

Accounted for bank charges?    
  Verified additions and subtractions in your checkbook    
  Compared cancelled/images checks to checkbook    
  Compared deposit amounts on statement to your checkbook?

### IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

If you have any concerns or questions about the accuracy of your statement or receipt, please contact us at 866.353.1476 or write us at the address below. To correct errors, you must contact the Bank no later than 60 days after issue of the FIRST statement on which the error or problem appeared.

Pacific Premier Bank  
 Attn: Banker Support  
 P.O. Box 25171  
 Santa Ana, CA 92799-9810

In your correspondence, please include:

1. Your name and account number (if any).
2. Describe the error or concern, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Dollar amount of the suspected error.

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.