We are ending. Apply today for personal, business and commercial oans. Hacemos prestamos. Prestamos personales, prestamos comerciales y prestamos para negocios.

Aplique hoy. * Equal Housing Lender

HOUSING FINANCE AUTHORITY OF LEON COUNTY
918 RAI LROAD AVE
TALLAHASSEE FL 32310

Date 11/30/17 Page $\quad 1$
Primary Account XXXXXXX0820

| EVERYDAY BUSINESS CHECKING |  | Images | 0 |
| :--- | ---: | :--- | :--- |
| Account Number | XXXXXXX0820 | Statement Dates $11 / 01 / 17$ thru $11 / 30 / 17$ |  |
| Previous Balance | $44,923.81$ | Days in this Statement Period | 30 |
| 1 Deposits/Credits | 35.00 | Avg Ledger Balance | $44,846.07$ |
| 2 Checks/Debits | 247.00 | Avg Collected Balance | $44,846.07$ |
| Service Charges | .00 |  |  |
| Interest Paid | .00 |  |  |
| Ending Balance | $44,711.81$ |  |  |

## DEPOSITS AND OTHER CREDITS

|  | Description | Amount |
| :--- | :--- | ---: |
| Date | 35.00 |  |

    DELIVERY FEE. BANK ERROR BB
    
## OTHER DEBITS

| Date | Description | Amount |
| :--- | :--- | ---: |
| $11 / 16$ | EXPEDITEDCARD DELIVERYFEE | 35.00 - |
| $11 / 20$ | DBTCRD O442 11/19/1700078222 | $212.00-$ |
|  | INTUIT*QBONLINE |  |
|  | $800-286-6800 \mathrm{CA}$ |  |

## Capital City

 TALLAHASSEE FL 32310

EVERYDAY BUSINESS CHECKING XXXXXXX0820 (Continued)

|  |  |  | DAILY BALANCE INFORMATION |  |
| :--- | :--- | :--- | ---: | :--- |
| Date | Balance | Date | Balance | Date |
| $11 / 01$ | $44,923.81$ | $11 / 16$ | $44,923.81$ | $11 / 20$ |

END OF STATEMENT...........

ELOUAL Housimg

CHECKS OUTSTANDING NOT CHARGED TO ACCOUNT

| CHECK NUMBER |  | AMOUNT | CHECK NUMBER |  | AMOUNT |
| :---: | :---: | :---: | :---: | :---: | :---: |
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|  |  |  |  |  |  |
|  |  |  | SUBTOTAL | \$ |  |
|  |  |  | TOTAL COLUMN 1 | \$ |  |
| TOTAL | \$ |  | GRAND TOTAL | \$ |  |

MONTH $\qquad$ 20
BANK BALANCE SHOWN ON THIS STATEMENT
\$

ADD (+) DEPOSITS \$
NOT CREDITED ON THIS STATEMENT (IF ANY) \$ $\qquad$
\$ $\qquad$
\$

TOTAL
\$
SUBTRACT (-)
CHECKS OUTSTANDING
\$

BALANCE
\$

BALANCE SHOULD AGREE WITH YOUR CHECKBOOK BALANCE AFTER DEDUCTING SERVICE CHARGES, AUTOMATIC TELLER WITHDRAWALS AND OTHER BANK CHARGES SHOWN ON THIS STATEMENT.

THE FOLLOWING INSTRUCTIONS ARE PUBLISHED IN COMPLIANCE WITH FEDERAL AND STATE BANKING REQUIREMENTS

## OUR BUSINESS DAYS ARE MONDAY THROUGH FRIDAY. HOLIDAYS ARE NOT INCLUDED.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS: Telephone us Monday thru Friday between 9 a.m. and 5 p.m. eastern time using the telephone number shown on the front of the statement, or write us as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

1) Tell us your name and account number.
2) Describe the error or the transfer you are unsure about, and explain as clearly as you can if you believe it is an error or why you need more information.
3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.
We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will provisionally credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.
For errors involving new accounts (one within 30 days after initial deposit), transactions that originate at a point-of-sale terminal, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. Also, for new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.
We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

If the error or question does not involve a debit ATM transaction, a debit point-of-sale transaction or other electronic funds transfer, different error notification procedures may apply.

## BILLING RIGHTS SUMMARY

## IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address shown on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill 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:

1) Your name and account number.
2) 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
3) The dollar amount of the suspected error.

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.
If you have authorized us to automatically pay your bill from your checking or savings account, you can stop payment on any amount you think is wrong by mailing your notice so that we receive it within 3 business days before the automatic payment is scheduled to occur.
This is a summary of your rights; a full statement of your rights and our responsibilities under the Federal Fair Credit Billing Act will be sent to you upon request.

## REQUIRED DISCLOSURES

The periodic statement on the reverse side reflects the activity for this account posted during the previous billing period.
The daily periodic rate and annual percentage rate disclosed herein may vary.

1) Disclosures for Cash Advances. We compute the FINANCE CHARGE on your account by applying the daily periodic rate to the daily balance of your account. To get the daily balance, we take the beginning balance of your account each day, add any new advances and fees, and subtract any payments or credits. This gives us the daily balance.
2) How Your Payments Are Applied. Unless otherwise agreed or required by applicable law, payments and other credits will be applied first to FINANCE CHARGES; then to unpaid principal; then to any voluntary credit life and disability insurance premiums; and then to late charges and other charges.
The accountholder may pay the entire balance at any time.

## SUBSTITUTE CHECKS AND YOUR RIGHTS

What is a substitute check? To make check processing faster, federal law permits banks to replace original checks with "substitute checks". These checks are similar in size to original checks with a slightly reduced image of the front and back of the original check. The front of a substitute check states: "This is a legal copy of your check. You can use it the same way you would use the original check." You may use a substitute check as proof of payment just like the original check.
Some or all of the checks that you receive back from us may be substitute checks. This notice describes rights you have when you receive substitute checks from us. The rights in this notice do not apply to original checks or to electronic debits to your account. However, you have rights under other law with respect to those transactions.
What are my rights regarding substitute checks? In certain cases, federal law provides a special procedure that allows you to request a refund for losses you suffer if a substitute check is posted to your account (for example, if you think that we withdrew the wrong amount from your account or that we withdrew money from your account more than once for the same check). The losses you may attempt to recover under this procedure may include the amount that was withdrawn from your account and fees that were charged as a result of the withdrawal (for example, bounced check fees).
The amount of your refund under this procedure is limited to the amount of your loss or the amount of the substitute check, whichever is less. You also are entitled to interest on the amount of your refund if your account is an interest-bearing account. If your loss exceeds the amount of the substitute check, you may be able to recover additional amounts under other law.
If you use this procedure, you may receive up to $\$ 2,500$ of your refund (plus interest if your account earns interest) within 10 business days after we receive your claim and the remainder of your refund (plus interest if your account earns interest) not later than 45 calendar days after we received your claim.
We may reverse the refund (including any interest on the refund) if we later are able to demonstrate that the substitute check was correctly posted to your account.
How do I make a claim for a refund? If you have suffered a loss relating to a substitute check that you received and that was posted to your account, please contact us using the information on the front of the first page of this statement. You must contact us within 40 calendar days of the date that we mailed (or otherwise delivered by a means to which you agreed) the substitute check in question or the account statement showing that the substitute check was posted to your account, whichever is later. We will extend this time period if you were not able to make a timely claim because of extraordinary circumstances.

## Your claim must include -

- A description of why you have suffered a loss (for example, you think the amount withdrawn was incorrect); - An estimate of the amount of your loss;
- An explanation of why the substitute check you received is insufficient to confirm that you suffered a loss; and - A copy of the substitute checks and/or the following information to help us identify the substitute check: the check number, the name of the person to whom you wrote the check, the amount of the check.
Making a Claim for an Expedited Refund - Please make your claim (as explained above) by calling us, by writing to us, or by e-mailing us at the numbers and address listed below:

Capital City Bank, P.O. Box 900, Tallahassee, FL 32302-0900 850.402.7500•Toll-Free 888.671.0400•www.ccbg.com

