

e statement

Capital City Bank OnLine

Say hello to a better way to fund your education expenses, home improvements, dream vacations and more with a Home Equity Line of Credit from Capital City Bank. Apply today or learn more at ccbg.com/equity. *Equal Housing Lender

HOUSING FINANCE AUTHORITY OF LEON COUNTY 615 E PAUL RUSSELL RD TALLAHASSEE FL 32301-7060

Date 10/31/22 Primary Account

Page 1 XXXXXXXX0820

CHECKING ACCOUNT

EVERYDAY CHECKING FOR BUSIN	NESS	Images	8	
Account Number	XXXXXXX0820	Statement Dates 10/03/22	2 thru 10/31/22	
Previous Balance	129, 629. 65	Days in this Statement Pe	eriod 29	
3 Deposits/Credits	17, 119. 17	Avg Ledger Balance	104, 896. 77	
8 Checks/Debits	83, 287. 57	Avg Collected Balance	104, 700. 66	
Servi ce Charges	. 00			
Interest Paid	. 00			
Endi ng Bal ance	63, 461. 25			

	DEPOSITS	AND OTHER CREDITS	
Date	Description	Amount	
10/11	WIRE TRANSFER CREDIT	11, 431. 85	
	LEON 20 MAGNOLIA OPER FD 36686		
	509 E MAGNOLIA DRIVE		
	TALLAHASSEE FLORIDA 32301		
	GLOBAL CORPORATE TRUST		
	CATHERINE D PULLUM		
	314-613-8201		
	/R0C/DSP2210110579800//I SSUER		
	UE 10/01/2022 MAGNOLIA TERRACE		
	20221011B1Q8153C010557		



e statement

Capital City Bank OnLine

HOUSING FINANCE AUTHORITY OF LEON COUNTY 615 E PAUL RUSSELL RD TALLAHASSEE FL 32301-7060

Date 10/31/22 Primary Account Page 2 XXXXXXXX0820

EVERYDAY CHECKING FOR BUSINESS

XXXXXXX0820 (Continued)

	DEPOSITS AND OTHER CREDITS							
Date	Description 20221011MMQFMP4B000155 10111547FT03		Amount					
10/27	ATM DEPOSIT	2201939	5, 000. 00					
10/27	ATM DEPOSIT	2201938	687. 32					

OTHER DEBITS						
Date	Description	Amount				
10/07	DBT CRD 0017 10/07/22 21091316	175. 00-				
	NIC* DEO SPECIAL DISTR					
	EGOV. COMFL					
10/11	WIRE TRANSFER FEE	25. 00-				

	CHECKS IN NUMBER ORDER							
Date	Check No	Amount Date	e Check No	Amount				
10/20	1137	75, 000. 00 10/2	25 1000062*	4, 333. 33				
10/18	1138	1, 000. 00 10/2	26 1000063	150. 00				
10/18	1139	2, 500. 00 10/2	26 1000064	104. 24				
		* Denotes m	issing check	numbers				

			DAILY BALANCE INF	ORMATIC	ON
Date	Bal ance	Date	Bal ance	Date	Bal ance
10/03	129, 629. 65	10/18	137, 361. 50	10/26	57, 773. 93
10/07	129, 454. 65	10/20	62, 361. 50	10/27	63, 461. 25
10/11	140, 861. 50	10/25	58, 028. 17		

-----END OF STATEMENT-----

Electronic Deposit Image

ATM Checking Deposit - Check Date-Time: 2022-10-27 15:58:58 Machine ID: 4089G220 Transaction Sequence: 1938 Customer Account: 10000310820

\$687.32

Check

G2201938 5002-0100 10000310820 35

IM Deposit	2201938 Dai	te: 10/27	Amount: \$68	37.32		
HOUSING FINAN 918 RAILROAD AVE TALLAHASSEE, FL 32	CE AUTHORITY OF LE	ON COUNT	Y	DATE	-7-2Z_	1137 6348/931 003 6645555AMM
PAY TO THE ORDER OF		on (ou	WTY Yousand y OO	1100	\$ 75	000,66
FOR EMELY	ital City K NORTH MONROE OFFICE TALLAWASSES, FL. ORLY REPEN PR		_	-8		
ľ	#001137#. #	063100	00001::8830	0310820#	V 0	

Check	1137	Date: 10/20	Amount: \$75,000.00			
HOUSING FINA 918 RAILROAD AVE TALLAHASSEE, FL		PRITY OF LEON C	DUNTY	DATE _	10-17-22	1139 53 8531 85 8531
PAY THE ORDER OF	Two pital Cit nk NORTH WOM TALLAHASSI CONTE DE	Housand	ducation Effort five-hundred +0		\$ 2,5	ARS 10 ==

Apply to Hendricks 918 RAILF TALLAHASS	account: 2937		G FINANCE AL	ITHORITY OF L 06-310 0688	DATE 10/17/2022	000100063
TÄLLAHASS	SEE, FL 32310-4	348		Capital City Bank PO BOX 900 Tallahassee FL 323		000100000
TO THE NAI	E HUNDRED FIF BORS GIBLIN N	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	N07100)			**\$150.00
of	Capital Bank	City			account hold	ignature on File - er has pre-approved this check
	6					Void After 90 Days

OnLine Bill Pay Check 1000063 Date: 10/26 Amount: \$150.00

Electronic Deposit Image

ATM Checking Deposit - Check Date-Time: 2022-10-27 15:59:37 Machine ID: 4089G220 Transaction Sequence: 1939 Customer Account: 10000310820

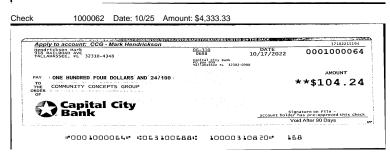
1138 Date: 10/18 Amount: \$1,000.00

\$5,000.00

G2201939 5002-0100 10000310820 35

TM Deposit	2201939	Date: 10/27	Amount: \$5	5,000.00	
HOUSING FINAN 918 RAILROAD AVE TALLAHASSEE, FL 32		OF LEON COUNT	Y	DATE 10-17-22	1138 63 62 531 003 &CHECK ANNOR
PAY TO THE ORDER OF	One-H	FLORIDA 1	9LHFA 00/100-		BI,000.CL
FOR ATTYNU	Ital City K NORTH MONROE OFFI THE DUOSE FIL		_	N. J. Sim	9
	#DD1138	. ::063100	1000	0310820#	

	ly to account: NA - HOUSING FINANC Fickson Mark RAILSOAD AVE 32310-4348	06-310 0688 Capital City Bank Po mot Job Tallahasse FL 32302-090	DATE 10/17/2022	000100006
PAY TO THE ORDER OF	(FOUR THOUSAND, THREE HUNDRED THOUSAND, THREE HUNDRED THOUSAND, THREE HUNDRED TH	TRTY-THREE DOLLARS AND 33/1	<u>0</u> *	*\$4333.3
	Capital City Bank			nature on File - has pre-approved this ch id After 90 Davs



OnLine Bill Pay Check 1000064 Date: 10/26 Amount: \$104.24

THIS FORM IS PROVIDED TO HELP YOU **BALANCE YOUR BANK STATEMENT**



Member FDIC

CHECKS OUTSTANDING NOT CHARGED TO ACCOUNT

CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUN ⁻	Γ	MONTH	20
					BANK BALANCE SHOWN	
					ON THIS STATEMENT	\$
					ADD () DEDOOITO	•
					NOT CREDITED ON	\$
						\$
						\$
						Ψ
						\$
					TOTAL	\$
					SUBTRACT (–)	
					CHECKS OUTSTANDING	\$
					54144105	•
					BALANCE	\$
		SUBTOTAL	\$		DALANCE CLICHED ACD	FE WITH YOUR OUTOKROOK
		TOTAL COLUMN 1	\$			EE WITH YOUR CHECKBOOK JCTING SERVICE CHARGES
TOTAL	\$	GRAND TOTAL	\$		AUTOMATIC TELLER WITH CHARGES SHOWN ON THIS	HDRAWALS AND OTHER BANK S 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.
- 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:

- Your name and account number.
- 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

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.

- 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

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