

PO. Box 14220 Portland, OR 97293-0220 Phone: 503-785-2528 Toll Free 800-547-5532 www.advantiscu.org

RETURN SERVICE REQUESTED

Statement of Account



*APR= Annual Percentage Rate. APRs range from 8.49% to 16.49% and will be based on your credit qualifications. To qualify for special offer, application must be received between 1/1/20 and 3/31/20. Loans subject to underwriting approval.

				Member Number	Statement Date	Page
				282070	12-31-19	1 of 2
Regular	Savings	ACCT# 1	12-01-19 THRU 1	2-31-19 PREV	IOUS BALANCE	5.00
Date	Transaction Description				Amount	Balance
DEC31	NEW BALANCE					5.00
Fusion	Checking	ACCT# 2	12-01-19 THRU 1	2-31-19 PREV	IOUS BALANCE	13,851.21
Date	Transaction Description				Amount	Balance
DEC02	•	MIDWEST LOAN MTG PMT	112919		1,089.96-	12,761.25
DEC02	DEBIT CARD DEBIT				0.70-	12,760.55
	933501601669		KI 503-8234012 0	R 12-01-19		
DEC05 DEC06	EFT ACH TRANSACTION DEBIT CARD DEBIT	HARRISON WEST COASSOC PM	1 191205		739.00- 0.70-	12,021.55
DECOO	933901129041	PORTLAND PARKING	KI 503-8234012 0	R 12-05-19	0.70-	12,020.85
DEC09	DEBIT CARD DEBIT	TOTTE/WB T/WRITIG	KI 000 0204012 0	12 00 10	0.70-	12,020.15
	934105962224	PORTLAND PARKING	KI 503-8234012 0	R 12-07-19		,
DEC10	DEBIT CARD DEBIT				3.20-	12,016.95
	934301680060	PORTLAND PARKING	KI 503-8234012 0	R 12-09-19	150.00	11 000 05
DEC12	WITHDRAWAL 1212 1436 013535 1900 S	N 4th Portland	OR		150.00-	11,866.95
DEC15	DEBIT CARD DEBIT				3.20-	11,863.75
	934707453250	PORTLAND PARKING	KI 503-8234012 0	R 12-13-19		,
DEC15	DEBIT CARD DEBIT				3.00-	11,860.75
55043	934705518324			12-13-19	750.00	44 440 75
DEC17 DEC17		TRACE#000000061701383008	41		750.00- 4.50-	11,110.75 11,106.25
DLOT	935000605396	CAFFE UMBRIA MAR	KET PORTLAND OR	12-16-19	4.50-	11,100.25
DEC18		SSA TREAS 310 XXSOC SE			1,302.30	12,408.55
DEC17					500.00	12,908.55
		\$750.00 SHOULD HAVE CLEARE	D \$250.00			
DEC20	DEBIT CARD DEBIT 935301701998		KT 502 0224012 0	R 12-19-19	2.70-	12,905.85
DEC22	DEBIT CARD DEBIT	FUNILAND FARKING	KI 503-8234012 0	n 12-19-19	4.50-	12,901.35
	935407665459	PIZZICATO PSU PO	RTLAND OR	12-20-19		,
DEC22	DEBIT CARD DEBIT				4.50-	12,896.85
55004	935406026710	CAFFE UMBRIA MAR		12-20-19	440.00	10 750 05
DEC24 DEC24	CHECK 5435 DEBIT CARD DEBIT	TRACE#000000124001383015	05		140.00- 4.99-	12,756.85 12,751.86
DE024	000023612276	Natural Mart Por	tland OR	12-24-19	4.99-	12,751.00
DEC25	PAYMENT SHR TRANSFER 20				3,557.37-	9,194.49
DEC25	DEBIT CARD DEBIT				7.00-	9,187.49
	935802947043	200 GIFT SHOP PO	RTLAND OR	12-24-19		
DEC27	DEBIT CARD DEBIT 936000546398	PIZZICATO PSU PO		12-26-19	4.50-	9,182.99
DEC31	DIVIDEND	F12210AT0 F30 F0	NILAND ON	12-20-19	17.24	9,200.23
DLOOT		IELD EARNED FROM 12-01-19	THRU 12-31-19 WAS	1.75% ***		0,200120
DEC31	NEW BALANCE					9,200.23
	DEPOSITS, DIVIDENDS AND OTH	FR CREDITS				
	Date Amount	Date Amount	Da	te Amount	Date	Amount
	DEC18 1302.30	DEC17 500.00				
	TOTAL DIVIDENDS TOTAL DEPOSITS AND OTHER	R CREDITS 2 1,	17.24 802.30			
	WITHDRAWALS, FEES AND OTHER	R DEBITS				
	Date Amount	Date Amount	Da	te Amount	Date	Amount
	DEC02 1089.96-	DEC10 3.20	- DEC	17 4.50-	DEC24	4.99-
	DEC02 0.70-	DEC12 150.00			DEC25	3557.37-
	DEC05 739.00-	DEC15 3.20			DEC25	7.00-
	DEC06 0.70-	DEC15 3.00	- DEC	22 4.50-	DEC27	4.50-



What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at the address listed on the front of this statement. In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.

• Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

- 1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50.
- (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)

1. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.

2. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us *in writing* at the address listed on your statement. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

CREDIT REPORTING NOTICE

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONICS TRANSFERS

Telephone us at 503-785-2528 or 800-547-5532 or write us at the address listed on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on the statement. We must hear from you no later than 60 days after 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, explain as clearly as you can why you believe there is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit 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.

Finance Charge-Balance Computation (Open End Loans)

We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new purchases, advances or other charges, and subtract any payments or credits. This gives us the daily balance.

Optional Credit Insurance

Credit insurance is voluntary and is not required to obtain this loan. You can get insurance only if you sign up for it. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop the insurance by notifying the credit union in writing. If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month. You are eligible for disability insurance only if you are under age 66 and working for wages or profit for 25 hours per week or more. You are eligible for credit life insurance if you are under age 70. You are eligible for insurance up to the Maximum Age for insurance. Insurance will stop when you reach that age. If the insured is totally disabled for 30 days, the Disability Benefit will retroactively begin on the 1st day.

LIST CHECKS OUTSTANDING NOT CHARGED TO YOUR CHECKING ACCOUNT] [PERIOD ENDING				
CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT]				
						SUBTRACT FROM YOUR LISTED ON THIS CHECKI PREVIOUSLY DEDUCTEI ALSO, <u>ADD</u> ANY DIVIDEN	H YOU HAVE NOT	
				-	2.	ENTER CHECKING BALA SHOWN ON THIS STATE		\$
						ENTER DEPOSITS MADE LATER THAN THE ENDING DATE ON THIS STATEMENT.		\$
					3.			\$
				-			L +	\$
							TOTAL (2 PLUS 3)	\$
						IN YOUR CHECK REGIST ALL CHECKS PAID AND AT LEFT <u>LIST</u> NUMBERS ALL UNPAID CHECKS.		
					5.	SUBTRACT TOTAL CHECKS OUTSTANDING	. { -	\$
 		TOTAL 🕨				THIS AMOUNT SHOULD I CHECK REGISTER BALA		\$



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								Member Number	Statement Date	Page
								282070	12-31-19	2 of 2
WITH	HDRAWALS,	, FEES AND 0 Amount	THER DEBITS	Date	Amount		Date	e Amount	Date	CONTINU Amount
	DEC09	0.70-		Date	Amount		Dale	Alliount	Date	Amount
TO	TAL FEES				0 0	.00				
			D OTHER DEBI	TS ·	17 5,580					
Checks										
Number	Date	Amount	Number	Date	Amount	Number	Date	Amount	Number Date	Amount
5434	DEC17	750.00	5435	DEC24	140.00					
			******	* S T	АТЕМЕМ	T SUI	MMA	R Y *******	* *	
Ac	ct	New Balance	Dividends YTD			Tax Name		Loan	New Balance	FINANCE CHARGE YTD
	1	5.00	0.00		RICHARD	R BOSCH				
2	2 9	9,200.23	251.35		RICHARD	R BOSCH				
т0	TAL DIV	IDENDS YTD	251.35					-		