

## Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

True Companions LLC

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- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

N/A

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This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** N/A **Previous Authority?** N/A

**If YES, at PUC No. A-** \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?** YES

If NO, you must register (see checklist on how to register).

**If YES, provide your PA Corporation Bureau Entity ID Number**

14054004

(See checklist and indicate type of business entity registered.)

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

\_\_\_\_\_  
Thomas Morrin – Owner  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

\_\_\_\_\_  
6505 Market St, Suite 103 PMB 228  
Street Address

\_\_\_\_\_  
Millbourne, PA 19082  
City, State and Zip Code

\_\_\_\_\_  
Delaware  
County

\_\_\_\_\_  
(610) 981-1494  
Telephone Number

\_\_\_\_\_  
info@truecompanionshomecare.com  
E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. **Physical Address** (if different from Physical Address. Do not use a PO Box.)

\_\_\_\_\_  
7522 Kelly Drive  
Street Address

\_\_\_\_\_  
Norristown, PA 19401  
City, State and Zip Code

\_\_\_\_\_  
Montgomery  
County

\_\_\_\_\_  
(610) 981-1494  
Telephone Number

\_\_\_\_\_  
info@truecompanionshomecare.com  
E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

\_\_\_\_\_  
N/A  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
N/A  
Attorney's Address

\_\_\_\_\_  
E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

\_\_\_\_\_  
N/A No                      \_\_\_\_\_ Yes, at No. \_\_\_\_\_

**10. Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).

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To transport passengers in motor vehicles as a contract carrier for contracted organizations, including healthcare and assisted living facilities, from points in Montgomery County and surrounding counties to points within Pennsylvania, and return.

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*Examples:*

- *To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.*
- *To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.*

**11. Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

**Verification of Application**

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Thomas Morrin

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(Print Name)



(Signature)

April 18, 2026

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(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

## VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

TRUE COMPANIONS LLC			
Legal Name of Applicant			
N/A			
Trade Name, if any			
7522 Kelly Drive	Norristown	PA	19401
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. With regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.
  
5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
  - a. Your hiring standards for drivers,
  - b. Your system for conducting criminal background checks,
  - c. Your driver training program,
  - d. Your system for conducting driver license checks,
  - e. Your policies regarding alcohol and drug use by your drivers.
  
6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

7. Describe your vehicle safety program. Please include the following in your explanation:
  - a. Your periodic vehicle maintenance plan
  - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ YES    N/A NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

### Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. § 4904 relating to unsworn falsification to authorities.



\_\_\_\_\_  
(Signature)

April 18, 2026

\_\_\_\_\_  
(Date)

Thomas Morrin – Owner

\_\_\_\_\_  
(Name and Title, printed or typed)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) April 18, 2026**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$17000	
Other Current Assets (specify)		
Total Current Assets		\$17000
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		\$17000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		0
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		0
TOTAL LIABILITIES		0

# VERIFIED STATEMENT OF APPLICANT

## TRUE COMPANIONS LLC

*(Pennsylvania Public Utility Commission Application)*

**Applicant: True Companions LLC**

**Authorized Representative: Thomas Morrin**

**Entity ID: 14054004**

### **1. Identification of Applicant**

I, Thomas Morrin, am the Owner of True Companions LLC, a duly registered limited liability company in the Commonwealth of Pennsylvania. I am fully authorized to make this Verified Statement on behalf of the applicant.

In this capacity, I have direct knowledge of the business operations, structure, and plans of the company, and I am responsible for ensuring that all information provided in support of this application is accurate and complete.

### **2. Business Overview & Experience**

True Companions LLC is a Pennsylvania-based company established to provide reliable and professional non-emergency medical transportation services, with a primary focus on wheelchair-accessible transportation.

The business is structured to meet the growing demand for safe, timely, and compliant transportation services for individuals requiring assistance to attend medical appointments and related services. The company is being developed with a strong emphasis on operational organization, customer service, and adherence to all applicable regulatory standards. The applicant brings experience in business operations and service-based environments, with a clear understanding of the importance of reliability, communication, and safety in transportation services. The company is being positioned to operate with structured workflows, defined service procedures, and a commitment to maintaining consistent service quality.

True Companions LLC is being established with the objective of building long-term service relationships with healthcare providers, transportation brokers, and related organizations, ensuring dependable transportation solutions for clients requiring specialized mobility assistance.

### **3. Service Description & Operating Model**

True Companions LLC intends to operate as a non-emergency medical transportation provider, specializing in wheelchair-accessible transportation services for individuals requiring mobility assistance.

The company will provide pre-arranged, non-emergency transportation services to and from medical appointments, healthcare facilities, and other authorized destinations. Services will be scheduled in advance to ensure reliability, efficiency, and proper coordination with clients and partner organizations.

Operations will be conducted under a contract-based service model, where transportation services are provided pursuant to agreements with healthcare providers, transportation brokers, and related entities. The company will not operate as a common carrier serving the general public on demand, but will instead focus on structured, contract-driven transportation services.

The proposed service area will include Norristown, Philadelphia, and surrounding counties within the Commonwealth of Pennsylvania, allowing the company to serve both local and regional transportation needs.

This operating model ensures compliance with Pennsylvania Public Utility Commission requirements for contract carriers while maintaining a controlled and reliable service structure.

#### **4. Facilities, Records & Communication System**

True Companions LLC will operate from its designated business location at 7522 Kelly Drive, Norristown, Pennsylvania, with administrative and mailing support maintained at 6505 Market St, Suite 103 PMB 228, Millbourne, Pennsylvania.

The company will utilize a structured administrative setup to manage all operational activities, including scheduling, recordkeeping, and communication. Business records will be maintained in a secure and organized manner using digital systems to ensure accurate documentation of all transportation activities, including trip records, driver assignments, and client information.

The company will implement a centralized communication system to support efficient coordination between dispatch and drivers. This will include the use of mobile communication devices and digital platforms to ensure continuous and reliable communication during operating hours.

All trip requests will be documented and tracked through a structured system, allowing for proper scheduling, service monitoring, and accountability. This approach ensures that all operational activities are recorded, accessible, and compliant with applicable regulatory expectations.

This organized facility, recordkeeping, and communication structure will support the company's ability to provide consistent, reliable, and well-coordinated transportation services.

#### **5. Dispatch & Operational Workflow**

True Companions LLC will implement a structured dispatch and operational workflow to ensure efficient coordination of all transportation services.

All trip requests will be pre-arranged and scheduled in advance, either through direct communication with contracted clients or through coordination with healthcare providers and transportation brokers. Each request will be recorded and entered into a centralized scheduling system for proper tracking and assignment.

Once a trip is scheduled, it will be reviewed and assigned to an available driver based on route efficiency, availability, and service requirements. Drivers will receive trip details in advance, including pickup location, destination, scheduled time, and any specific passenger assistance requirements. The company will maintain continuous communication with drivers throughout service operations using mobile communication devices. This ensures that any delays, changes, or service issues can be addressed in real time, maintaining reliability and service quality.

Upon completion of each trip, all service details will be fully documented and recorded, including trip logs, driver activity, and any relevant service notes. This ensures proper recordkeeping, accountability, and consistent monitoring of service delivery.

## **6. Drivers Plan**

True Companions LLC plans to begin operations with two (2) qualified drivers, which is appropriate for the initial stage of operations and allows for effective scheduling and service coverage.

Drivers will be selected based on strict hiring criteria, including possession of a valid driver's license, a clean driving record, and successful completion of background checks. The company will ensure that all drivers meet the necessary qualifications to safely and responsibly transport passengers requiring mobility assistance.

All drivers will receive training in:

- Wheelchair assistance and passenger handling
- Safety procedures and emergency response
- Customer service standards

The company will also implement policies to ensure compliance with applicable drug and alcohol regulations. Driver performance will be monitored to maintain consistent service quality and adherence to operational standards.

## **7. Vehicles Plan**

True Companions LLC plans to begin operations with one (1) wheelchair-accessible vehicle, which is appropriate for the initial stage of the business and allows for controlled and efficient service delivery.

The vehicle will be specifically equipped to accommodate wheelchair-bound passengers, including the necessary accessibility features to ensure safe and comfortable transportation. The company

will ensure that the vehicle meets all applicable ADA accessibility requirements and Pennsylvania regulatory standards.

The selected vehicle will be suitable for non-emergency medical transportation services and will be maintained in proper working condition at all times. As the business grows and service demand increases, the company plans to expand its fleet accordingly to support additional operations.

All vehicles used in operations will be:

- Properly registered and insured
- Regularly inspected and maintained
- Operated in compliance with all Pennsylvania safety and equipment regulations

This approach ensures that the company maintains a safe, reliable, and compliant vehicle fleet from the start of operations

## **8. Safety & Maintenance Program**

True Companions LLC will implement a structured safety and maintenance program to ensure that all vehicles and operations meet the required standards for safe and reliable transportation.

The company will establish a routine vehicle inspection and maintenance schedule, including preventive maintenance to ensure that all vehicles remain in proper working condition at all times. All vehicles will be maintained in compliance with applicable Pennsylvania safety and equipment regulations.

Drivers will be required to conduct pre-trip and post-trip inspections to identify any mechanical or safety issues before and after each trip. Any identified issues will be addressed promptly to prevent operational risks and ensure passenger safety. The company will maintain records of all inspections, maintenance activities, and any repairs performed on vehicles. These records will be organized and accessible to demonstrate compliance with safety requirements.

In addition, drivers will be trained in safe driving practices, passenger assistance procedures, and emergency response protocols, ensuring that all services are delivered with a high standard of safety and care.

This structured safety and maintenance approach ensures that True Companions LLC operates in a safe, compliant, and responsible manner at all times.

## **9. Insurance Readiness**

True Companions LLC is aware of the insurance requirements established by the Pennsylvania Public Utility Commission for motor carriers of persons.

The applicant has taken steps to identify appropriate commercial insurance providers and has evaluated the coverage requirements necessary to operate as a non-emergency medical

transportation provider. The company is prepared to obtain all required insurance coverage, including commercial auto liability insurance, in compliance with applicable regulations. The applicant understands that proof of insurance must be submitted to the Commission prior to the commencement of operations and will ensure that all required filings are completed in accordance with PUC guidelines.

This approach ensures that the company will be fully compliant with all insurance requirements before beginning transportation services.

## **10. Contract-Based Operations**

True Companions LLC intends to operate as a contract carrier, providing transportation services under agreements with specific organizations rather than serving the general public on an on-demand basis. The company will provide services pursuant to contractual arrangements with healthcare providers, transportation brokers, and related entities that require non-emergency medical transportation services for their clients.

While formal contracts have not yet been executed at this stage, the applicant is actively preparing to establish these agreements upon approval of operating authority. The company has identified its target partners and is positioned to enter into service contracts once authorized to operate.

All transportation services will be pre-arranged and performed under the terms of such agreements, ensuring compliance with the requirements for contract carriers as defined by the Pennsylvania Public Utility Commission.

This operating structure ensures that the company remains fully aligned with regulatory expectations while providing reliable and specialized transportation services.

## **11. Financial Capacity**

True Companions LLC has evaluated the financial requirements necessary to establish and operate a non-emergency medical transportation service and has allocated sufficient resources to support its initial operations.

The applicant has made provisions to cover startup and operational costs, including **vehicle** acquisition, insurance coverage, fuel, maintenance, and general administrative expenses. The company has assessed these financial obligations and is prepared to meet them in order to maintain consistent and reliable service.

The initial scale of operations, consisting of one vehicle and two drivers, has been intentionally structured to align with available financial resources while ensuring operational efficiency. This controlled startup approach allows the company to manage expenses effectively while building a stable operational foundation.

As the business develops and demand increases, the company plans to expand its operations in a financially responsible manner, ensuring that growth is supported by adequate resources and sustainable revenue.

This financial approach demonstrates the applicant's ability to operate in a stable, responsible, and compliant manner within the requirements of the Pennsylvania Public Utility Commission.

## 12. Criminal Disclosure

The applicant and its principal have not been convicted of any felony or misdemeanor offenses.

## 13. Declaration & Verification

I, **Thomas Morrin**, hereby verify that the information provided in this Verified Statement is true and correct to the best of my knowledge and belief.

I understand that false statements made herein are subject to penalties under applicable laws and regulations.

**Name: Thomas Morrin**

**Title: Owner, True Companions LLC**

Signature:  \_\_\_\_\_

Date: 04/18/2026 \_\_\_\_\_

# FINANCIAL STATEMENT

## TRUE COMPANIONS LLC

The applicant confirms that sufficient financial resources are available to support the startup and initial operation of the business.

Based on available financial records under the control of the business owner, the applicant has access to approximately \$17,000 in liquid funds to support business operations.

### **Assets:**

Cash and liquid funds: Approximately \$17,000

### **Liabilities:**

None (as disclosed)


The applicant has evaluated the financial requirements associated with operating a non-emergency medical transportation service, including vehicle acquisition, insurance, fuel, maintenance, and general operating expenses, and is prepared to meet these obligations.

The business will begin operations on a controlled scale with one vehicle and two drivers, ensuring that operational costs remain aligned with available financial resources.

This financial position demonstrates the applicant's capacity to operate in a stable, responsible, and compliant manner in accordance with Pennsylvania Public Utility Commission requirements.

**Name:** Thomas Morrin

**Title:** Owner, True Companions LLC

**Signature:**  \_\_\_\_\_

**Date:** April 18, 2026



US702 | BR532  
 ROP 450  
 P.O. Box 7000  
 Providence, RI 02940

**Business Account Statement**

Page 1 of 9

Beginning March 01, 2026  
 through March 31, 2026

**Questions? Contact us today:**



**CALL:**  
 Business Account Customer Service  
 1-800-862-6200



**VISIT:**  
 Access your account online:  
 citizensbank.com



**MAIL:**  
 Citizens  
 Customer Service Center  
 P.O. Box 42001  
 Providence, RI 02940-2001

ATMC COLLISION INC  
 DBA DAVIDS COLLISION CENTER INC  
 533 N 62ND ST  
 PHILADELPHIA PA 19151-4347

**ATMC COLLISION INC  
 DBA DAVIDS COLLISION CENTER INC  
 Clearly Better Business Checking  
 XXXXXX-349-6**

**Clearly Better Business Checking for XXXXXX-349-6**

**Balance Calculation**

Previous Balance		12,826.56
Checks	-	.00
Debits	-	63,241.95
Deposits & Credit	+	66,817.27
<b>Current Balance</b>	<b>=</b>	<b>16,401.88</b>

As a Clearly Better Business Checking customer, you do not pay a monthly maintenance fee. We appreciate your continued business.

Your next statement period will end on April 30, 2026.

**TRANSACTION DETAILS FOR BUSINESS CHECKING ACCOUNT ENDING 349-6**

**Debits \*\***

*\*\*May include checks that have been processed electronically by the payee/merchant.*

<b>Date</b>	<b>Amount</b>	<b>Description</b>	<b>Previous Balance</b>
			<b>12,826.56</b>
			<b>Total Debits</b>
<b>ATM/Purchases</b>			<b>63,241.95</b>
03/02	928.00	2297 DBT PURCHASE - 999999 CONTINENTAL AU NEWARK NJ	
03/02	488.31	2297 DBT PURCHASE - 4322 CHERRY HILL KI CHERRY HIL L NJ	
03/02	401.00	7013 DBT PURCHASE - 5406 KSI AUTO PARTS PENNSAUKE NJ	
03/02	268.08	2297 DBT PURCHASE - 000000 YSI*BW PROPERT PHILADELPH IA PA	

Please See Additional Information on Next Page

## Clearly Better Business Checking for XXXXXX-349-6 Continued

### Debits (Continued) \*\*

\*\*May include checks that have been processed electronically by the payee/merchant.

Date	Amount	Description
<b>ATM/Purchases (Continued)</b>		
03/02	218.79	2297 DBT PURCHASE - OO04KF LADDERLIFE MENLO PARK CA
03/02	28.32	2297 DBT PURCHASE - 999999 Klama SHEIN U Wilmington DE
03/02	13.93	2297 DBT PURCHASE - 000000 SHEIN.COM 0000000000 CA
03/02	2.11	2297 POS DEBIT - 649258 GOOGLE *Google Mountain View CA
03/02	400.00	7013 ATM CASH - ML6910 HADDINGTON MALL #2, PHILADELPHIA PA
03/02	26.99	2297 DBT PURCHASE - 006860 NETFLIX.COM LOS GATOS CA
03/02	40.00	2297 DBT PURCHASE - 999999 Klama*Instaca Columbus OH
03/02	600.00	7013 ATM CASH - ML6910 HADDINGTON MALL #2, PHILADELPHIA PA
03/02	500.00	7013 ATM CASH - ML6910 HADDINGTON MALL #2, PHILADELPHIA PA
03/03	20.00	2297 DBT PURCHASE - 732620 NBS FACTS PYMT LINCOLN NE
03/03	426.35	7013 DBT PURCHASE - 999999 CIOCCA SUBARU PHILADELPHIA PA
03/03	500.00	7013 DBT PURCHASE - 8862 BUCKS CTY USED PIPERSVILLE PA
03/04	29.98	2297 DBT PURCHASE - 719102 NBS*Bonner & P Drexel Hill PA
03/04	982.87	2297 DBT PURCHASE - 719102 NBS*Bonner & P Drexel Hill PA
03/09	195.98	2297 POS DEBIT - 000001 AMAZON.COM*BE2 SEATTLE WA
03/09	52.21	2297 POS DEBIT - 000001 AMAZON.COM*BE8 SEATTLE WA
03/09	66.71	2297 POS DEBIT - 000001 AMAZON.COM*BE9 SEATTLE WA
03/09	26.49	2297 DBT PURCHASE - 001601 Prime Video *B SEATTLE WA
03/09	4.23	2297 DBT PURCHASE - 001601 Prime Video *B SEATTLE WA
03/09	28.97	2297 POS DEBIT - 000001 AMAZON.COM*BP0 SEATTLE WA
03/10	372.00	2297 DBT PURCHASE - 0000 EMPIRE AUTO PA TOTOWA NJ
03/10	214.05	2297 DBT PURCHASE - 999999 CIOCCA SUBARU PHILADELPHIA PA
03/10	500.00	7013 ATM CASH - ML6891 HADDINGTON MALL #1, PHILADELPHIA PA
03/11	660.00	2297 DBT PURCHASE - 5406 KSI AUTO PARTS PENNSAUKEN NJ
03/11	1,187.70	2297 DBT PURCHASE - 5876 5064 LKQ IRECE ANTIOCH TN
03/11	96.00	2297 DBT PURCHASE - 3402 1375 LKQ VENICE PHILADELPHIA PA
03/11	124.83	2297 DBT PURCHASE - 999999 Klama*10KLARN Columbus OH
03/11	79.98	2297 DBT PURCHASE - WPGTID KLARNA*INSTACA WILMINGTON DE
03/11	303.50	7013 POS DEBIT - VERI07 FIS*Verizo Irving TX
03/12	197.00	2297 DBT PURCHASE - 999999 SALES TAX PERM SHERIDAN WY
03/12	37.09	2297 DBT PURCHASE - 000780 EXPERIAN* CRED COSTA MESA CA

Please See Additional Information on Next Page

**Clearly Better Business Checking for XXXXXX-349-6 Continued**
**Debits (Continued) \*\***

\*\*May include checks that have been processed electronically by the payee/merchant.

<b>Date</b>	<b>Amount</b>	<b>Description</b>
<b>ATM/Purchases (Continued)</b>		
03/12	7.41	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/12	459.99	7013 DBT PURCHASE - 001 WM.COM HOUSTON TX
03/12	179.39	2297 DBT PURCHASE - 4322 CHERRY HILL KI CHERRY HIL L NJ
03/12	34.22	2297 DBT PURCHASE - 5876 5064 LKQ IRECE ANTIOCH TN
03/12	18.01	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/13	276.00	2297 DBT PURCHASE - 999999 CONTINENTAL AU NEWARK NJ
03/13	157.00	2297 DBT PURCHASE - 999999 CONTINENTAL AU NEWARK NJ
03/13	150.00	2297 DBT PURCHASE - 790768 Fenix Pennsbur Pennsburg PA
03/13	221.02	7013 DBT PURCHASE - 0001 ATT* BILL PAYM DALLAS TX
03/13	1,688.32	7013 DBT PURCHASE - 190040 BERGEYS WHOLES COLMAR PA
03/13	132.60	2297 DBT PURCHASE - 5876 5064 LKQ IRECE ANTIOCH TN
03/13	1,352.33	2297 DBT PURCHASE - 5524 CONICELLI HYUN CONSHOHOCK EN PA
03/13	39.79	2297 DBT PURCHASE - 5524 CONICELLI HYUN CONSHOHOCK EN PA
03/13	84.82	2297 DBT PURCHASE - 999999 Klama*12KLARN Columbus OH
03/13	28.32	2297 DBT PURCHASE - 999999 Klama*SHEIN U Columbus OH
03/16	300.00	2297 DBT PURCHASE - 3402 1375 LKQ VENIC PHILADELPH IA PA
03/16	195.00	2297 DBT PURCHASE - 0000 EMPIRE AUTO PA TOTOWA NJ
03/16	105.00	2297 DBT PURCHASE - 0000 EMPIRE AUTO PA TOTOWA NJ
03/16	5.29	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/16	10.59	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/16	45.00	2297 POS DEBIT - 000001 AMAZON.COM*BP2 SEATTLE WA
03/16	27.56	2297 POS DEBIT - 000001 AMAZON.COM*B52 SEATTLE WA
03/16	600.00	7013 ATM CASH - ML6891 HADDINGTON MALL #1, PHILADELPHIA PA
03/17	28.91	2297 DBT PURCHASE - 719102 NBS*Bonner & P Drexel Hil I PA
03/17	947.87	2297 DBT PURCHASE - 719102 NBS*Bonner & P Drexel Hil I PA
03/17	3.17	2297 DBT PURCHASE - 001601 AMAZON PRIME*B SEATTLE WA
03/17	26.79	7013 POS DEBIT - 038196 ALDI 60024 PHILADELPH IA PA
03/18	90.00	2297 DBT PURCHASE - 790768 Fenix Pennsbur Pennsburg PA
03/18	191.00	2297 DBT PURCHASE - 5406 KSI AUTO PARTS PENNSAUKE NJ
03/18	124.00	2297 DBT PURCHASE - 3402 1375 LKQ VENIC PHILADELPH IA PA
03/18	11.65	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/19	277.00	2297 DBT PURCHASE - 521059 RADIATOR EXPRE BENICIA CA
03/19	583.34	7013 DBT PURCHASE - 190040 BERGEYS WHOLES COLMAR PA
03/19	165.00	2297 DBT PURCHASE - 5406 KSI AUTO PARTS PENNSAUKE NJ

Please See Additional Information on Next Page

## Clearly Better Business Checking for XXXXXX-349-6 Continued

### Debits (Continued) \*\*

\*\*May include checks that have been processed electronically by the payee/merchant.

Date	Amount	Description
<b>ATM/Purchases (Continued)</b>		
03/20	692.79	7013 DBT PURCHASE - 190040 BERGEYS WHOLES COLMAR PA
03/20	44.00	2297 DBT PURCHASE - 3402 1375 LKQ VENIC PHILADELPH IA PA
03/20	147.73	2297 DBT PURCHASE - 5524 CONICELLI HYUN CONSHOHOCK EN PA
03/20	142.32	7013 DBT PURCHASE - 000000 ROCK AUTO MADISON WI
03/20	14.83	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/20	221.40	2297 DBT PURCHASE - 999999 Klama*Wayfair Columbus OH
03/20	72.00	7013 POS DEBIT - 682356 JOE'S KWIK MAR PHILADELPH IA PA
03/23	60.03	7013 DBT PURCHASE - 000300 SUNOCO 0814233 PHILADELPH IA PA
03/23	19.60	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/23	389.00	2297 DBT PURCHASE - 999999 CONTINENTAL AU NEWARK NJ
03/23	681.00	2297 DBT PURCHASE - 5406 KSI AUTO PARTS PENNSAUKE NJ
03/23	7.41	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/23	475.00	2297 DBT PURCHASE - 999999 AA AUTO SALVAG WILLIAMSTO WN NJ
03/23	13.77	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/23	59.83	2297 POS DEBIT - 000001 AMAZON.COM*BD7 SEATTLE WA
03/23	87.96	2297 POS DEBIT - 000001 AMAZON.COM*BD6 SEATTLE WA
03/23	26.49	2297 POS DEBIT - 000001 AMAZON.COM*BG7 SEATTLE WA
03/23	528.84	2297 POS DEBIT - 000001 AMAZON.COM*BG8 SEATTLE WA
03/23	26.99	2297 DBT PURCHASE - 000010 NETFLIX.COM LOS GATOS CA
03/23	74.17	2297 POS DEBIT - 000001 AMAZON.COM*B52 SEATTLE WA
03/23	40.00	2297 DBT PURCHASE - FSC59A SQ *SPECTRUM 4 PHILADELPH IA PA
03/23	37.76	7013 POS DEBIT - 001 LOWE'S #23 PHILADELPH IA PA
03/23	28.61	2297 POS DEBIT - 000001 AMAZON.COM*BG6 SEATTLE WA
03/23	30.72	2297 POS DEBIT - 000001 AMAZON.COM*BD8 SEATTLE WA
03/23	44.33	2297 POS DEBIT - 000001 AMAZON.COM*BD1 SEATTLE WA
03/23	500.00	7013 ATM CASH - ML6910 HADDINGTON MALL #2, PHILADELPHIA PA
03/24	567.00	2297 DBT PURCHASE - THKCPZ SP VUORI CLOTH ENCINITAS CA
03/24	428.40	2297 DBT PURCHASE - 000000 TM *TICKETMAST 8006538000 CA
03/24	586.00	2297 DBT PURCHASE - 3402 1375 LKQ VENIC PHILADELPH IA PA
03/24	118.92	2297 DBT PURCHASE - 783902 PIAZZA ACURA O ARDMORE PA
03/24	165.00	7013 DBT PURCHASE - 790768 FENIX PENNSBUR PENNSBURG PA
03/24	205.20	2297 DBT PURCHASE - 000000 PECO ENERGY CO 2158414000 PA
03/24	388.23	2297 DBT PURCHASE - 000000 PECO ENERGY CO 2158414000 PA

Please See Additional Information on Next Page

**Clearly Better Business Checking for XXXXXX-349-6 Continued**
**Debits (Continued) \*\***

\*\*May include checks that have been processed electronically by the payee/merchant.

<b>Date</b>	<b>Amount</b>	<b>Description</b>
<b>ATM/Purchases (Continued)</b>		
03/24	40.04	2297 POS DEBIT - 000001 AMAZON.COM*BG1 SEATTLE WA
03/24	24.84	2297 POS DEBIT - 000001 AMAZON.COM*BG6 SEATTLE WA
03/24	13.78	2297 POS DEBIT - 000001 AMAZON.COM*B51 SEATTLE WA
03/24	31.27	2297 POS DEBIT - 000001 AMAZON.COM*B52 SEATTLE WA
03/25	201.20	7013 DBT PURCHASE - 190040 BERGEYS WHOLES COLMAR PA
03/25	1,464.04	7013 DBT PURCHASE - 190040 BERGEYS WHOLES COLMAR PA
03/25	52.95	2297 POS DEBIT - 000000 AMAZON.COM*BG2 SEATTLE WA
03/26	445.00	7013 DBT PURCHASE - 756295 CHUCK'S AUTO P DOUGLASSVILLE GA
03/26	640.00	7013 DBT PURCHASE - 5406 KSI AUTO PARTS PENNSAUKEN NJ
03/26	127.81	2297 DBT PURCHASE - 5876 5064 LKQ IRECE ANTIOCH TN
03/26	125.00	7013 DBT PURCHASE - 790768 FENIX PENNSBURG PENNSBURG PA
03/26	128.00	7013 DBT PURCHASE - 0000 EMPIRE AUTO PA TOTOWA NJ
03/26	54.96	7013 POS DEBIT - 000000 AMAZON.COM*B59 SEATTLE WA
03/27	887.40	7013 DBT PURCHASE - 190040 BERGEYS WHOLES COLMAR PA
03/27	1,003.17	7013 DBT PURCHASE - 190040 BERGEYS WHOLES COLMAR PA
03/27	282.21	2297 DBT PURCHASE - 999999 CIOCCA SUBARU PHILADELPHIA PA
03/30	325.00	2297 DBT PURCHASE - 999999 CONTINENTAL AU NEWARK NJ
03/30	218.79	2297 DBT PURCHASE - 0004KF LADDERLIFE MENLO PARK CA
03/30	333.47	2297 DBT PURCHASE - 0001 ATT* BILL PAYM DALLAS TX
03/30	287.27	7013 DBT PURCHASE - 999999 Audatex North Westlake TX
03/30	2.11	2297 POS DEBIT - 649258 GOOGLE *Google Mountain View CA
03/30	366.55	2297 DBT PURCHASE - 000000 YSI*BW PROPERTY PHILADELPHIA PA
03/30	74.75	2297 DBT PURCHASE - PRNDSS ZIP* BEST BUY NEW YORK NY
03/30	114.49	2297 DBT PURCHASE - 4JMRP0 NEXT INSUR* GE PALO ALTO CA
03/30	400.00	7013 ATM CASH - ML6891 HADDINGTON MALL #1, PHILADELPHIA PA
03/30	21.19	2297 DBT PURCHASE - 001601 Prime Video Ch SEATTLE WA
03/30	47.98	2297 POS DEBIT - 000000 AMAZON.COM*BC0 SEATTLE WA
03/31	50.56	7013 DBT PURCHASE - 190040 BERGEYS WHOLES COLMAR PA
03/31	142.00	2297 DBT PURCHASE - 5406 KSI AUTO PARTS PENNSAUKEN NJ
<b>Other Debits</b>		
03/02	3,984.41	MORTGAGE SERV CT MTG PAYMT 022826 7241488282
03/02	1,232.22	SAFECO INSURANCE INS PREM 030526 72114219861
03/02	500.00	AMEX EPAYMENT ACH PMT 260302 W1576
03/02	500.00	AMEX EPAYMENT ACH PMT 260302 W3796

Please See Additional Information on Next Page

## Clearly Better Business Checking for XXXXXX-349-6 Continued

### Debits (Continued) \*\*

\*\*May include checks that have been processed electronically by the payee/merchant.

#### Other Debits (Continued)

03/02	362.00	CHASE CREDIT CRD EPAY 260301 9048505925
03/02	303.75	CreditAcceptance CAC 260302 117685278
03/02	150.00	CORTRUST BANK CREDIT CAR 260302 F 261001748
03/03	2,201.86	AscentiumCapital LEASECHG 260302 190642
03/03	1,286.83	FIFTH THIRD BANK WEB PAY 260228 960602272026
03/03	350.00	Fortiva PMT ePay 260302 Fortiva PMT
03/03	325.00	FIRST SAVINGS PAYMENT 260302 543360120446847
03/03	200.00	FORTIVA MC PMT ePay 260301 FORTIVA MC PMT
03/03	100.00	CAPITAL ONE ONLINE PMT 260302 CA04238588C53C3
03/03	51.88	PHILA DEPT REV TAX PYMT 260302 1818393
03/04	140.00	RETURNED ITEM FEE ( 4 AT \$35 EACH )
03/04	105.00	OVERDRAFT FEE ( 3 AT \$35 EACH )
03/06	325.00	FIRST SAVINGS RETRY PYMT 030626 091406830006725
03/09	606.29	CreditAcceptance CAC 260309 117685278
03/09	400.00	DISCOVER E-PAYMENT 260307 4155
03/09	377.22	PROG ADVANCED INS PREM 260306 865342726 Zubay
03/09	345.70	IRS USATAXPYMT 030926 240646865856301
03/09	140.00	CAPITAL ONE ONLINE PMT 260306 CA0F49C2EB1BAA2
03/09	14.83	GO DADDY.COM,INC WEB ORDER 260306 3358445094
03/09	35.00	OVERDRAFT FEE ( 1 AT \$35 )
03/10	425.00	REPRISE FINANCIA BILL PAY 260309 41266704
03/10	362.00	CHASE CREDIT CRD EPAY 260309 9188844330
03/10	250.00	Synchrony Bank CC PYMT 031026 601918235564942
03/10	105.06	FORTIVA MC PMT ePay 260308 FORTIVA MC PMT
03/10	76.00	PHILADELPHIA PAR PHILADELPH 030926
03/10	76.00	PHILADELPHIA PAR PHILADELPH 030926
03/10	51.00	PHILADELPHIA PAR PHILADELPH 030926
03/10	36.00	PHILADELPHIA PAR PHILADELPH 030926
03/12	202.01	NATL LIAB & FIRE INS PREM 260312 N9WC974206
03/16	2,400.00	AscentiumCapital LEASECHG 260313 190642
03/16	300.00	DISCOVER E-PAYMENT 260314 4155
03/16	184.00	CAPITAL ONE ONLINE PMT 260313 CA02D83E90E4D07
03/16	42.40	AMERICAN STRATEG PURCHASE 260312 866-274-8765
03/17	731.00	SBA EIDL LOAN PAYMENT 260316 6R1P0JBI0E9
03/17	259.08	GO DADDY.COM,INC WEB ORDER 260316 3360679334
03/17	164.00	PROG ADVANCED INS PREM 260316 POL 968722955
03/17	128.23	FORTIVA MC PMT ePay 260314 FORTIVA MC PMT
03/18	105.00	OVERDRAFT FEE ( 3 AT \$35 EACH )
03/19	300.00	DISCOVER E-PAYMENT 260318 4947
03/19	150.00	MERRICK BANK ONLINEPYMT 260319 260770498994007
03/24	500.00	PHILA DEPT REV TAX PYMT 260323 2028569
03/25	109.00	CONCORA CREDIT PAYMENT 260324 043000096212946
03/25	52.00	CONCORA CREDIT PAYMENT 260324 043000096514816
03/27	5,000.00	WITHDRAWAL
03/27	739.11	DEPOSITED CHECK RETURNED

Please See Additional Information on Next Page

**Clearly Better Business Checking for XXXXXX-349-6 Continued**

**Debits (Continued) \*\***

*\*\*May include checks that have been processed electronically by the payee/merchant.*

**Other Debits (Continued)**

03/27	20.00	DEPOSITED CHECK RETURNED FEE
03/30	1,232.22	SAFECO INSURANCE INS PREM 040226 72114219861
03/30	500.00	AMEX EPAYMENT ACH PMT 260330 W4014
03/31	1,286.83	FIFTH THIRD BANK WEB PAY 260330 960603282026

**Deposits & Credits**

**Total Deposits & Credits**

<i>Date</i>	<i>Amount</i>	<i>Description</i>	<b>+</b>	<b>66,817.27</b>
03/02	107.83	5387 DBT RETURN - 000000 VICTORIAS SECR REYNOLDSBU RG OH		
03/04	2,201.86	AscentiumCapital LEASECHG 260302 190642		
03/04	325.00	FIRST SAVINGS PAYMENT 260302 543360120446847		
03/04	200.00	FORTIVA MC PMT ePay 260301 FORTIVA MC PMT		
03/04	100.00	CAPITAL ONE ONLINE PMT 260302 CA04238588C53C3		
03/06	12,079.79	2297 ATM DEPOSIT - ML6891 HADDINGTON MALL #1, PHILADELPHIA P		
03/09	570.00	2297 DBT RETURN - 5876 5064 LKQ IRECE ANTIOCH TN		
03/11	5,961.30	2297 ATM DEPOSIT - ML6108 MARKET STREET 2, PHILADELPHIA PA		
03/11	113.99	2297 ATM DEPOSIT - ML6108 MARKET STREET 2, PHILADELPHIA PA		
03/16	2,000.00	2297 ATM DEPOSIT - ML6488 UPPER DARBY #3 ITM, UPPER DARBY PA		
03/17	7,517.56	2297 ATM DEPOSIT - ML6201 KING OF PRUSSIA DRIVE UP, KING/PRU		
03/18	96.60	2297 DBT RETURN - 5876 5064 LKQ IRECE ANTIOCH TN		
03/19	6,966.00	MOBILE DEPOSIT		
03/19	2,578.11	MOBILE DEPOSIT		
03/20	171.00	PROG ADVANCED INS PREM 260319 865342726 Zubay		
03/24	739.11	2297 ATM DEPOSIT - ML6201 KING OF PRUSSIA DRIVE UP, KING/PRU		
03/24	230.91	7013 DBT RETURN - 190040 BERGEYS WHOLES COLMAR PA		
03/24	212.43	7013 DBT RETURN - 190040 BERGEYS WHOLES COLMAR PA		
03/24	195.18	7013 DBT RETURN - 190040 BERGEYS WHOLES COLMAR PA		
03/26	7,192.39	MOBILE DEPOSIT		
03/26	75.00	7013 DBT RETURN - 190040 BERGEYS WHOLES COLMAR PA		
03/30	4,405.50	MOBILE DEPOSIT		
03/30	3,507.40	MOBILE DEPOSIT		
03/30	1,974.65	MOBILE DEPOSIT		
03/30	1,445.47	MOBILE DEPOSIT		
03/30	1,024.59	MOBILE DEPOSIT		
03/30	739.11	MOBILE DEPOSIT		
03/30	70.00	2297 DBT RETURN - 0000 EMPIRE AUTO PA TOTOWA NJ		
03/31	3,834.00	MOBILE DEPOSIT		
03/31	182.49	7013 DBT RETURN - 190040 BERGEYS WHOLES COLMAR PA		

Please See Additional Information on Next Page

## Clearly Better Business Checking for XXXXXX-349-6 Continued

<b>Daily Balance</b>						<b>Current Balance</b>
<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	=
03/02	1,986.48	03/12	8,145.78	03/23	10,377.39	<b>16,401.88</b>
03/03	-3,475.44	03/13	4,015.58	03/24	8,686.34	
03/04	-1,906.43	03/16	1,800.74	03/25	6,807.15	
03/06	9,848.36	03/17	7,029.25	03/26	12,553.77	
03/09	8,124.73	03/18	6,604.20	03/27	4,621.88	
03/10	5,657.62	03/19	14,672.97	03/30	13,864.78	
03/11	9,280.90	03/20	13,508.90	03/31	16,401.88	

**Checking Account Balance Worksheet**

Before completing this worksheet, please be sure to adjust your checkbook register balance by

- Adding any interest earned
- Subtracting any fees or other charges

**1** Your current balance on this statement

	\$ _____
	Current Balance

**2** List deposits which do not appear on this statement

Date	Amount	Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			+ \$ _____
			Total of 2

**3** Subtotal by adding 1 and 2

	= \$ _____
	Subtotal of 1 and 2

**4** List outstanding checks, transfers, debits, POS purchases or withdrawals that do not appear on this statement.

Date/ Check No.	Amount	Date/ Check No.	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			- \$ _____
			Total of 4

**5** Subtract 4 from 3. This should match your checkbook register balance.

	= \$ _____
	Total

**CUSTOMER SERVICE**

If you have any questions regarding your account or discover an error, call the number shown on the front of your statement or write to us at the following address:

**Citizens**  
**Customer Service Center**  
**P.O. Box 42001**  
**Providence, RI 02940-2001**

**Change of Address**

Please call the number shown at the front of your statement to notify us of a change of address.

**DEPOSIT ACCOUNTS ARE NON-TRANSFERABLE**

Personal deposit accounts, such as CD's and savings accounts, cannot be transferred to another person or to a corporate entity.

**ELECTRONIC TRANSFERS**

**In Case of Errors or Questions About Your Electronic Transfers**

(For Consumer Accounts Used Primarily for Personal, Family or Household Purposes)

Telephone us at the customer service number provided on Page 1 of this statement or write to us at the customer service address provided as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number, if any.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error and, if possible, the date it appeared on your statement or receipt.
- It will be helpful to us if you also give us a telephone number at which you can be reached in case we need any further information.

For consumer accounts used primarily for personal, family, or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account 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.

(For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.)

**OVERDRAFT LINES OF CREDIT**

**BILLING RIGHTS SUMMARY**

**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 customer service address provided as soon as possible.

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.

**INTEREST CHARGE CALCULATIONS FOR OVERDRAFT LINE OF CREDIT ACCOUNTS BASED ON AVERAGE DAILY BALANCE COMPUTATION METHOD**

**Calculating your Interest Charge**

We calculate the interest charge on your Overdraft Line by applying the Daily Periodic Rate to the Average Daily Balance. Then, we multiply that result by the number of days in the billing cycle in which a balance is owed on your Overdraft Line. This gives us the total interest charge for that billing period.

**Calculating your Average Daily Balance**

To calculate the average daily balance, we take the beginning balance of you Overdraft Line each day (which does not include any unpaid interest charges or fees), add any new loan advances as of the date of those advances and subtract any payments or credits. This gives us the daily balance. Then, we add all the daily balances for the billing cycle together and divide the total by the number of days in the billing cycle. This gives us the average daily balance of your account.

**Credit Bureau Reporting**

We may report information about your Overdraft Line to credit bureaus for each joint account holder of your checking account. Late payments, missed payments, or other defaults on your Overdraft Line may be reflected in your credit report. If you believe we have furnished inaccurate or incomplete information to a credit reporting agency, write to us at the consumer service address provided and include your name, address, account number, and description of what you believe is inaccurate or incomplete.

*Thank you for banking with Citizens.*