

CHECKING ACCOUNT RECONCILEMENT

THIS FORM IS PROVIDED TO ASSIST YOU IN BALANCING YOUR CHECKING ACCOUNT

LIST CHECKS OUTSTANDING NOT CHARGED TO YOUR CHECKING ACCOUNT			
CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
TOTAL ▶			

PERIOD ENDING

1. SUBTRACT FROM YOUR CHECK REGISTER ANY CHARGES LISTED ON THIS CHECKING ACCOUNT STATEMENT WHICH YOU HAVE NOT PREVIOUSLY DEDUCTED FROM YOUR BALANCE. ALSO, ADD ANY DIVIDEND.		
2. ENTER CHECKING ACCOUNT BALANCE SHOWN ON THIS STATEMENT.	\$	
	\$	
3. ENTER DEPOSITS MADE LATER THAN THE ENDING DATE OF THIS STATEMENT.	\$	
	\$	
	\$	
TOTAL (2 PLUS 3)	\$	
4. IN YOUR CHECK REGISTER CHECK OFF ALL CHECKS PAID AND, IN AREA PROVIDED AT LEFT, LIST NUMBERS AND AMOUNTS OF ALL UNPAID CHECKS.		
5. SUBTRACT TOTAL CHECKS OUTSTANDING.	{ -	\$
6. THIS AMOUNT SHOULD EQUAL YOUR CHECK REGISTER BALANCE.	\$	

IF YOU DO NOT BALANCE

VERIFY ADDITIONS AND SUBTRACTIONS - ABOVE AND IN YOUR DRAFT REGISTER
 COMPARE THE DOLLAR AMOUNTS OF CHECKS LISTED ON THIS STATEMENT WITH THE CHECK AMOUNTS LISTED IN YOUR CHECK REGISTER
 COMPARE THE DOLLAR AMOUNTS OF DEPOSITS LISTED ON THIS STATEMENT WITH THE DEPOSIT AMOUNTS RECORDED IN YOUR CHECK REGISTER

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone us at 770-424-0060 or 800-541-8921, or write us at LGE Community Credit Union, Support Services Department, PO Box 1188 Marietta, GA 30061-1188, as soon as you can, if you think your statement or receipt is wrong or if you need more information about the transaction on the statement or receipt. We must hear from you no later than sixty (60) days after we send you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more S 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 ten (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.

YOUR BILLING RIGHTS

Notify us in case of questions about your statement: If you think your statement is incorrect, or if you need more information about a transaction on your statement, write us on a separate sheet at PO Box 1188 Marietta, GA 30061-1188 (the address listed on your statement). Write to us as soon as possible. We must hear from you no later than sixty (60) days after we sent you the first statement 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:

- S Your name and account number
- S The dollar amount of the suspected error
- S 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 not sure about. Your rights and our responsibilities after we receive your written notice: We must acknowledge your letter within thirty (30) days, unless we have corrected the error by then. Within ninety (90) days, we must either correct the error or explain why we believe the statement was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit (if applicable). You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your statement that are not in question.

If we find that we made a mistake on your statement, you will not have to pay any interest charges related to any questioned amount. If we did not make a mistake, you may have to pay interest charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten (10) business days telling us that you still refuse to pay, we must tell anyone we report you to that you still have a question about your statement. And we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally has.

If we do not follow these rules, we cannot collect the first \$50 of the questioned amount, even if your statement was correct.

To report lost or stolen Visa® Credit Cards, ATM Cards and/or Visa Debit Cards call:
 Business Hours: 770-424-0060 or 800-541-892
 After Hours: 866-677-7151

If a representative from Visa Fraud Protection contacts you to verify transactions on your Visa Credit Credit or Debit Cards, please return their call at 877-902-4804.

