



Statement Ending 11/30/2020

CITY OF SIMONTON

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Customer Number: XXXXXXXXXX955

RETURN SERVICE REQUESTED

CITY OF SIMONTON
PO BOX 7
SIMONTON TX 77476-0007

Managing Your Accounts

	Mailing Address	2929 W Sam Houston Pkwy N Houston, TX 77043-1644
	Phone Number	713-580-9900 or 844-972-4636
	24-Hour Helpline	877-972-2255
	Website	www.wallisbank.com

PRIVACY NOTICE - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.wallisbank.com or we will mail you a free copy upon request if you call (713) 580-9900.

Summary of Accounts

Account Type	Account Number	Ending Balance
SMALL BUSINESS CHECKING - PUBLIC & GOV	XXXXXXXXXX955	\$13,355.21

SMALL BUSINESS CHECKING - PUBLIC & GOV-XXXXXXXXXX955

Account Summary

Date	Description	Amount
10/31/2020	Beginning Balance	\$13,355.21
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
11/30/2020	Ending Balance	\$13,355.21

Account Activity

Post Date	Description	Debits	Credits	Balance
10/31/2020	Beginning Balance			\$13,355.21
	No activity this statement period			
11/30/2020	Ending Balance			\$13,355.21

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



Write us at: Wallis Bank, 2929 W Sam Houston Pkwy N, Suite 300, Houston TX 77043

- (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 why you believe there is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

You may ask for copies of the documents that we used in our investigation.

THIS IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT.		CHECKS OUTSTANDING			THIS IS PROVIDED TO HELP YOU BALANCE YOUR CHECKBOOK.	
		NO.	AMOUNT			
YOUR BALANCE	\$ _____				CHECKBOOK BALANCE	\$ _____
SHOWN ON THIS STATEMENT					AT STATEMENT DATE	
ADD + (IF ANY)	\$ _____				SUBTRACT – (IF ANY)	\$ _____
DEPOSITS NOT SHOWN ON THIS STATEMENT					ACTIVITY CHARGES	
TOTAL	\$ _____				SUB-TOTAL	\$ _____
SUBTRACT – (IF ANY)	\$ _____				SUBTRACT – (IF ANY)	\$ _____
CHECKS OUTSTANDING					OTHER BANK CHARGES	
BALANCE	\$ _____				BALANCE	\$ _____
SHOULD AGREE WITH YOUR CHECKBOOK BALANCE					SHOULD AGREE WITH YOUR STATEMENT BALANCE	

01/19