



## Statement Ending 05/29/2020

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<br>Houston, TX 77043-1644 |
|  | Phone Number     | 713-580-9900 or<br>844-972-4636                     |
|  | 24-Hour Helpline | 877-972-2255  |
|  | Website          | www.wallisbank.com                                  |

### Summary of Accounts

| Account Type                           | Account Number | Ending Balance |
|--|----------------|----------------|
| SMALL BUSINESS CHECKING - PUBLIC & GOV | XXXXXXXXXX955  | \$8,578.87     |

### SMALL BUSINESS CHECKING - PUBLIC & GOV-XXXXXXXXXX955

#### Account Summary

| Date       | Description             | Amount      |
|------------|-------------------------|-------------|
| 05/01/2020 | Beginning Balance       | \$12,087.97 |
|            | 1 Credit(s) This Period | \$2,738.65  |
|            | 2 Debit(s) This Period  | \$6,247.75  |
| 05/29/2020 | Ending Balance          | \$8,578.87  |

#### Account Activity

| Post Date  | Description                    | Debits     | Credits    | Balance     |
|------------|--------------------------------|------------|------------|-------------|
| 05/01/2020 | Beginning Balance              |            |            | \$12,087.97 |
| 05/01/2020 | CENTERPOINT ENER PAYMENTS      |            | \$2,738.65 | \$14,826.62 |
| 05/06/2020 | IRS USATAXPYMT REDACTED        | \$5,335.80 |            | \$9,490.82  |
| 05/15/2020 | TML0111 CONS COLL C96-PSIMONT1 | \$911.95   |            | \$8,578.87  |
| 05/29/2020 | Ending Balance                 |            |            | \$8,578.87  |

#### Daily Balances

| Date       | Amount      | Date       | Amount     | Date       | Amount     |
|------------|-------------|------------|------------|------------|------------|
| 05/01/2020 | \$14,826.62 | 05/06/2020 | \$9,490.82 | 05/15/2020 | \$8,578.87 |

#### 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