



Statement Ending 09/30/2020

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

Summary of Accounts

Account Type	Account Number	Ending Balance
SMALL BUSINESS CHECKING - PUBLIC & GOV	XXXXXXXXXX955	\$7,672.25

SMALL BUSINESS CHECKING - PUBLIC & GOV-XXXXXXXXXX955

Account Summary

Date	Description	Amount
09/01/2020	Beginning Balance	\$4,830.77
	1 Credit(s) This Period	\$2,841.48
	0 Debit(s) This Period	\$0.00
09/30/2020	Ending Balance	\$7,672.25

Account Activity

Post Date	Description	Debits	Credits	Balance
09/01/2020	Beginning Balance			\$4,830.77
09/01/2020	CENTERPOINT ENER PAYMENTS		\$2,841.48	\$7,672.25
09/30/2020	Ending Balance			\$7,672.25

Daily Balances

Date	Amount
09/01/2020	\$7,672.25

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.

YOUR BALANCE \$ _____

SHOWN ON THIS STATEMENT

ADD + (IF ANY) \$ _____

DEPOSITS NOT SHOWN ON THIS STATEMENT

TOTAL \$ _____

SUBTRACT – (IF ANY) \$ _____

CHECKS OUTSTANDING

BALANCE \$ _____

SHOULD AGREE WITH YOUR CHECKBOOK BALANCE

CHECKS OUTSTANDING		
NO.	AMOUNT	

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THIS IS PROVIDED TO HELP YOU BALANCE YOUR CHECKBOOK.

CHECKBOOK BALANCE \$ _____

AT STATEMENT DATE

SUBTRACT – (IF ANY) \$ _____

ACTIVITY CHARGES

SUB-TOTAL \$ _____

SUBTRACT – (IF ANY) \$ _____

OTHER BANK CHARGES

BALANCE \$ _____

SHOULD AGREE WITH YOUR STATEMENT BALANCE

01/19