

Account Number: **REDACTED**  
 Closing Date: 09/27/18  
 Credit Limit: \$25,000.00 Available Credit: \$25,000.00

## Account Inquiries

Customer Service:  
 (727) 570-4899

To Report a Card Lost or Stolen:  
 (727) 570-4881 LOCAL  
 (866) 604-0381 TOLL-FREE

Please Direct Written Inquiries to:  
 CUSTOMER SERVICE  
 PO BOX 30495  
 TAMPA, FL 33630

## Account Summary

Previous Balance	\$	0.00
Purchases	+	0.00
Cash	+	0.00
Balance Transfer	-	0.00
Credits	-	0.00
Payments	-	0.00
Insurance	+	0.00
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	\$	0.00

To view or pay your account on-line:  
 www.MyCardStatement.com

## Payment Information

Total Minimum Payment Due	** NONE **	Minimum Payment	\$	0.00
Payment Due Date	10/22/18	Past Due Amount	\$	0.00

Mail Payments to: VISA P O BOX 339 WALLIS TX 77485-0339	Over Limit / Fees	\$	0.00
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## Important News

b MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.MYCARDSTATEMENT.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT SERVICE, NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH MYCARDSTATEMENT.COM. ENROLL TODAY!

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b A LATE CHARGE OF FIVE PERCENT OF THE PAYMENT DUE OR A MAXIMUM OF \$10 WILL BE ASSESSED FOR A PAYMENT MADE 10 DAYS OR MORE AFTER THE DATE PAYMENT OF THIS BILL IS DUE.

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## Account Activity Summary

	Average Daily Balance	Periodic Rate	Corresponding Annual Percentage Rate	Finance Charges	Effective Annual Percentage Rate	New Balance
CURRENT						
Purchases	\$ 0.00	1.2433%	14.92%	\$ 0.00		
Cash	\$ 0.00	1.2433%	14.92%	\$ 0.00		
Fees/Interest Charge				\$ 0.00		

Total \$ 0.00  
 See reverse side for explanation of Interest Charge Method(ICM) Credit Purchases: G Cash Advance: F Days In Billing Cycle: 30  
 1 Your Annual Percentage Rate (APR) is the annual interest rate on your account.  
 (V) = Variable Rate. If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.  
 NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

WALLIS STATE BANK  
 P O BOX 339  
 WALLIS TX 77485 - 0339

Account Number

**REDACTED**

Check box to indicate  
 name/address change  
 on back of this coupon  
 AMOUNT OF PAYMENT ENCLOSED

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date	
09/27/18	\$0.00	** NONE **	10/22/18	\$ .

CITY OF SIMONTON  
 P O BOX 7

SIMONTON TX 77476 - 0007

41690

MAKE CHECK PAYABLE TO:

'774850339392'

VISA  
 P O BOX 339  
 WALLIS TX 77485 - 0339

'774760007075'

**REDACTED**