

(CHICAGO) P.O. BOX 630900 CINCINNATI OH 45263-0900

ROTARY CLUB OF OAK LAWN HEALTHCARE ILLINOIS USA 19732 WESTMINSTER DR MOKENA IL 60448-2408



10081 010081

Statement Period Date: 5/1/2020 - 5/31/2020 Account Type: 5/3 BUS STANDARD CKG Account Number: 7240388319

Banking Center: Oak Lawn Banking Center Phone: 708-499-7623 Business Banking Support: 877-534-2264



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			Account	Summa	ry - 72403883	19		
05/01 5	Beginning Balan Checks Withdrawals / Debi	ce	\$	10,731.10 \$(2,410.00)		Days in Period	1	31
05/31	Deposits / Credits Ending Balance		\$.	\$2,375.00 10,696.10				
Analysis P	Period: 04/01/20 -	04/30/20						
Standard Monthly Service Charge					\$11.0	00		
Standard Monthly Service Charge Waived (see below) Service Charge withdrawn on 05/12/20					-\$11.0	0		
Sel vice Ch	iarge withdrawn o	n 05/12/20			\$0.0	00		
Standard I	Monthly Service Ch	arge waived i	f:		Current Relationship	Overview:		
Your business maintains a total monthly average balance of \$3,500 across its business checking, savings,				Balance Criteria Met?				
							Yes	
balance of \$	3,500 across its busing	ness checking.	savinos.		Total Cambination			. 63
balance of \$ and certifica	3,500 across its busing te of deposit accounts	ness checking, s.	savings,		Total Combined Mont	hly Average B	alance	\$10,731.10
OR your bus	te of deposit accounts	5,			Total Combined Mont Other Criteria Met?	hly Average B	alance	\$10,731.10
and certifica OR your bus	te of deposit accounts	5,					alance	
OR your bus its business Checks	te of deposit accounts siness spends at least credit card.	s. : \$500 per mon	th on		Other Criteria Met?			\$10,731.10
OR your bus its business Checks	te of deposit accounts siness spends at least credit card.	s. : \$500 per mon = Electronic Imag	th on ge s = Substi	itute Check	Other Criteria Met? \$500 Business Credit	Card Spend?		\$10,731.10 No No
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IF YOU USE TREASURY MANAGEMENT SERVICES, PLEASE NOTE THAT WE HAVE UPDATED OUR TERMS AND CONDITIONS. GO TO 53.COM/TM-TC TO