UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF GEORGIA ROME DIVISION In Re. Regional Housing and Community Services Case No. 21-41034 § Corporation. § Lead Case No. 21-41034 Debtor(s) **Monthly Operating Report** Chapter 11 Petition Date: 08/26/2021 Reporting Period Ended: 05/31/2024 Months Pending: 34 Industry Classification: 2 3 Cash Basis (•) Reporting Method: Accrual Basis (Debtor's Full-Time Employees (current): Debtor's Full-Time Employees (as of date of order for relief): **Supporting Documentation** (check all that are attached): (For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor) X Statement of cash receipts and disbursements Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit Statement of operations (profit or loss statement) Accounts receivable aging Postpetition liabilities aging Statement of capital assets Schedule of payments to professionals Schedule of payments to insiders All bank statements and bank reconciliations for the reporting period Description of the assets sold or transferred and the terms of the sale or transfer /s/ Matthew W. Levin Matthew W. Levin Signature of Responsible Party Printed Name of Responsible Party

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore \$ 1320.4(a)(2) applies.



4401 Northside Parkway, Suite 450

Atlanta, GA 30327

Address

06/21/2024

Date

Document Page 2 of 12 Debtor's Name Regional Housing and Community Services Corporation.

Pa	rt 1: Cash Receipts and Disbursements	Current Month	Cumulative
a.	Cash balance beginning of month	\$86,667	
b.	Total receipts (net of transfers between accounts)	\$101,068	\$4,988,839
c.	Total disbursements (net of transfers between accounts)	\$95,686	\$4,934,132
d.	Cash balance end of month (a+b-c)	\$92,049	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$0
f.	Total disbursements for quarterly fee calculation (c+e)	\$95,686	\$4,934,132
	rt 2: Asset and Liability Status or generally applicable to Individual Debtors. See Instructions.)	Current Month	
a.	Accounts receivable (total net of allowance)	\$0	
b.	Accounts receivable over 90 days outstanding (net of allowance)	\$0	
c.	Inventory (Book Market Other (attach explanation))	\$0	
d	Total current assets	\$92,049	
e.	Total assets	\$92,049	
f.	Postpetition payables (excluding taxes)	\$64,372	
g.	Postpetition payables past due (excluding taxes)	\$9,651	
h.	Postpetition taxes payable	\$0	
i.	Postpetition taxes pay able Postpetition taxes past due	\$0	
	Total postpetition debt (f+h)	\$64,372	
j.	Prepetition secured debt	\$04,372	
k.		\$0	
1.	Prepetition priority debt		
m.	Prepetition unsecured debt	\$92,193	
n.	Total liabilities (debt) (j+k+l+m)	\$156,565	
о.	Ending equity/net worth (e-n)	\$-64,516	
Pa	rt 3: Assets Sold or Transferred	Current Month	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$0
b.	Total payments to third parties incident to assets being sold/transferred		
	outside the ordinary course of business Net cash proceeds from assets sold/transferred outside the ordinary		\$0
c.	course of business (a-b)	\$0	\$0
Pa	rt 4: Income Statement (Statement of Operations)	Current Month	Cumulative
	ot generally applicable to Individual Debtors. See Instructions.)		
a.	Gross income/sales (net of returns and allowances)	\$0	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c.	Gross profit (a-b)	\$0	
d.	Selling expenses	\$0	
e.	General and administrative expenses	\$0	
f.	Other expenses	\$65,686	
g.	Depreciation and/or amortization (not included in 4b)	\$0	
h. :	Interest Tayon (local state and fodoral)	\$0	
1.	Taxes (local, state, and federal)	\$0	
J. k	Reorganization items Profit (loss)	\$30,000 \$-95,686	\$-4,934,132
k.	1 1011t (1055)	Φ-93,080	φ-4,934,132

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			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
Debto	or's professional fees & expenses (bankr	uptcy) Aggregate Total	\$0	\$0	\$30,000	\$1,645,74
Itemiz	Itemized Breakdown by Firm					
	Firm Name	Role				
i	Scroggins & Williamson	Lead Counsel	\$0	\$0	\$15,000	\$945,00
ii	GGG Partners, LLC	Financial Professional	\$0	\$0	\$15,000	\$495,00
iii	Kurtzman Carson & Associates	Other	\$0	\$0	\$0	\$205,74
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				Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
b.	Debto	or's professional fees & exper	nses (nonbankruptcy) Aggregate Total				
	Itemi	Itemized Breakdown by Firm					
		Firm Name	Role				
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c.	All pr	ofessional fees and expenses (de	btor & committees)		

Pa	rt 6: Postpetition Tax	res	Cur	rent Month	Cumulative
a.	Postpetition income t	axes accrued (local, state, and federal)		\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)			\$0	\$0
c.	Postpetition employe	r payroll taxes accrued		\$0	\$0
d.	Postpetition employe	r payroll taxes paid		\$0	\$0
e.	Postpetition property	taxes paid		\$0	\$0
f.	Postpetition other tax	es accrued (local, state, and federal)		\$0	\$0
g.	Postpetition other tax	es paid (local, state, and federal)		\$0	\$0
Pa	rt 7: Questionnaire - l	During this reporting period:			
a.	Were any payments n	nade on prepetition debt? (if yes, see Instructions)	Yes 🔿	No 💿	
b.		nade outside the ordinary course of business al? (if yes, see Instructions)	Yes 🔿	No 💿	
c.	Were any payments n	nade to or on behalf of insiders?	Yes 🔿	No 💿	
d.	Are you current on po	ostpetition tax return filings?	Yes 💿	No 🔘	
e.	Are you current on po	ostpetition estimated tax payments?	Yes •	No 🔘	
f.	Were all trust fund ta	xes remitted on a current basis?	Yes 💿	No 🔘	
g.	Was there any postpe (if yes, see Instruction	tition borrowing, other than trade credit?	Yes •	No 🔿	
h.	Were all payments methe court?	ade to or on behalf of professionals approved by	Yes •	No O N/A O	
i.	Do you have:	Worker's compensation insurance?	Yes 💿	No 🔿	
		If yes, are your premiums current?	Yes 💿	No O N/A O	(if no, see Instructions)
		Casualty/property insurance?	Yes 🔿	No 💿	
		If yes, are your premiums current?	Yes 🔿	No O N/A •	(if no, see Instructions)
		General liability insurance?	Yes 🔘	No 💿	
		If yes, are your premiums current?	Yes 🔘	No O N/A 💿	(if no, see Instructions)
j.	Has a plan of reorgan	ization been filed with the court?	Yes 🔿	No 💿	
k.	Has a disclosure state	ment been filed with the court?	Yes 🔿	No 💿	
1.	Are you current with set forth under 28 U	quarterly U.S. Trustee fees as .S.C. § 1930?	Yes •	No 🔿	

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Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

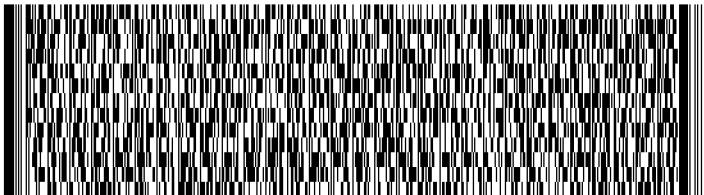
Par	t 8: Individual Chapter 11 Debtors (Only)	
a.	Gross income (receipts) from salary and wages	\$0
b.	Gross income (receipts) from self-employment	\$0
c.	Gross income from all other sources	\$0
d.	Total income in the reporting period (a+b+c)	\$0
e.	Payroll deductions	\$0
f.	Self-employment related expenses	\$0
g.	Living expenses	\$0
h.	All other expenses	\$0
i.	Total expenses in the reporting period (e+f+g+h)	\$0
j.	Difference between total income and total expenses (d-i)	\$0
k.	List the total amount of all postpetition debts that are past due	\$0
1.	Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)?	Yes O No •
m.	If yes, have you made all Domestic Support Obligation payments?	Yes O No N/A •
\$\$ U.S throbei is r law ma Exc Rec www cor	U.S.C. § 589b authorizes the collection of this information, and provision 704, 1106, and 1107. The United States Trustee will use this information S.C. § 1930(a)(6). The United States Trustee will also use this information ough the bankruptcy system, including the likelihood of a plan of reorganing prosecuted in good faith. This information may be disclosed to a bank needed to perform the trustee's or examiner's duties or to the appropriate fewer enforcement agency when the information indicates a violation or potent defor routine purposes. For a discussion of the types of routine disclosure ecutive Office for United States Trustee's systems of records notice, UST-cords." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the norw.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this aversion of your bankruptcy case or other action by the United States Trustectare under penalty of perjury that the foregoing Monthly Opecumentation are true and correct and that I have been authorizate.	to calculate statutory fee assessments under 28 in to evaluate a chapter 11 debtor's progress zation being confirmed and whether the case is ruptcy trustee or examiner when the information ederal, state, local, regulatory, tribal, or foreign ial violation of law. Other disclosures may be set that may be made, you may consult the 001, "Bankruptcy Case Files and Associated tice may be obtained at the following link: http://information could result in the dismissal or tee. 11 U.S.C. § 1112(b)(4)(F).
		S. Goodman Name of Responsible Party
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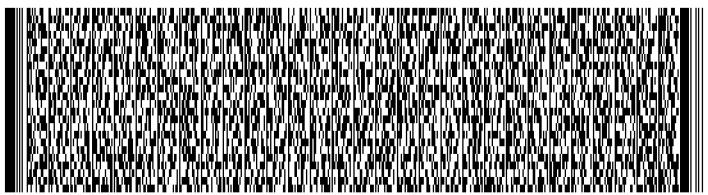
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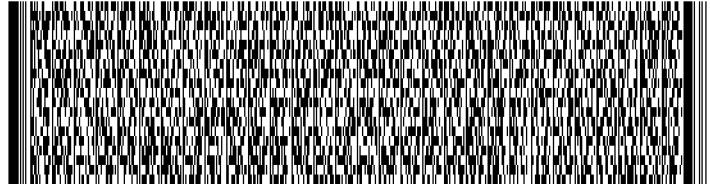
Date

Chief Restructuring Officer

Title







In re: Regional Housing and Community Services Corporation Case No: 21-41034

Notes

1) Payments to Professionals

\$15,000 was paid by Regional Housing and Community Services Corporation (Case No: 21-41034) to Scroggins and Williamson to hold in escrow for the payment of its fees and \$15,000 was paid to GGG Partners to hold in escrow for the payment of its fees.

2) Post-petition Borrowings

The Debtors in these related cases collectively borrowed \$250,000 during the month from Ecofin Direct Municipal Opportunities Fund, LP and Ecofin Tax-Advantaged Social Impact Fund, Inc., pursuant to Orders of the Bankruptcy Court. See Docket Nos. 35 and 58 in the lead case, Case No. 21-41034. The Debtors are jointly and severally liable on the debt.

Regional Housing & Community Services Corporation						
Schedule of Cash Receipts and Disbursements						
Case # 21-41034		May-24				
Beginning Balance	\$	86,666.62				
Cash Receipts	\$	250,000.00				
Cash Disbursements	\$	244,617.87				
Ending Balance	\$	92,048.75				

EXPENDITURES NET OF INTERCOMPANY TRANSFERS							
Professional Fees	\$	30,000.00					
United States Trustee							
Bank Fees	\$	3.30					
Other	\$	19,379.43					
Insurance	\$	46,302.93					
Total	\$	95,685.66					

CREDITS			
Operating			
Date	Description	Amount	Account / Category
5/3/24	Ecofin	\$ 175,000.00	DIP Funding
5/10/24	EcoFin	\$ 75,000.00	DIP Funding
	Subtotal	\$ 250,000.00	
CREDITS			
Utilities			
Date	Description	Amount	Account / Category
	None		
	Subtotal	\$ -	
	Total	\$ 250,000.00	

DEBITS				
Operating				
Date	Description	Amou	ınt	Account / Category
5/2/24	Gallagher Bassett Services	\$	3,311.75	***9152
5/2/24	Transfer to Montgomery 1	\$	830.56	***0716
5/3/24		\$	20,391.54	Insurance
5/7/24	Transfer to Montgomery 1	\$	24,664.76	***0716
5/7/24	Transfer to Columbus	\$	23,662.63	***6329
5/7/24	Transfer to Savannah	\$	16,777.36	***8758
5/7/24	Transfer to Montgomery 2	\$	3,547.50	***2219
5/10/24		\$	7,760.38	Other
5/14/24	IPFS	\$	25,911.39	Insurance
5/16/24	Scroggins &. Williamson	\$	30,000.00	Professional Fees
5/23/24	Transfer to Savannah	\$	21,706.31	***8758
5/23/24	Transfer to Montgomery 1	\$	16,292.44	***0716
5/23/24	Transfer to Montgomery 2	\$	213.03	***2219
5/23/24	Transfer to Montgomery 1	\$	60.02	***2277
	Transfer to Montgomery 2	\$	60.02	***1771
5/23/24	Transfer to Savannah	\$	60.02	***1793
5/24/24	Transfer to Montgomery 1	\$	7,116.56	***0716
5/24/24	Transfer to Columbus	\$	6,170.15	***6329
5/24/24	Transfer to Montgomery 2	\$	5,500.00	***2219
5/24/24	Transfer to Savannah	\$	4,558.34	***8758
5/24/24	Transfer to Montgomery 1	\$	3,928.24	***0716
5/24/24	Transfer to Rome	\$	3,882.98	***9152
5/24/24	Transfer to Douglas	\$	676.61	***9218
5/24/24	Bill.com	\$	7,619.05	Other
5/28/24	ACH Pay	\$	4,000.00	Other
5/29/24	Transfer to Columbus	\$	4,412.93	***6329
5/31/24	Transfer to Montgomery 1	\$	1,500.00	***1959
	Subtotal	\$	244,614.57	
DEBITS			•	
Utilities				
Date	Description	Amou	ınt	Account / Category
5/21/24	Maintenance Fee	\$	3.30	Bank Fees
	Subtotal	\$	3.30	
	Total	\$	244,617.87	

Accounts Payable

	0-30	31-60	61-90	91-120	121-	Total
Healthcare Management Partners, LLC	4,417.79	0.00	0.00	0.00	0.00	4,417.79
IPFS Corporation	46,302.93	0.00	0.00	0.00	0.00	46,302.93
MatrixCare	0.00	4,959.68	0.00	0.00	0.00	4,959.68
Michael Roye	4,000.00	0.00	0.00	0.00	0.00	4,000.00
Philadelphia Insurance Companies	0.00	688.33	0.00	0.00	0.00	688.33
Senior Sign	0.00	1,253.00	0.00	0.00	0.00	1,253.00
Virtusense Technologies, Inc.	0.00	2,750.00	0.00	0.00	0.00	2,750.00
	54,720.72	9,651.01	0.00	0.00	0.00	64,371.73

^{*} Paid in June

120 S. LaSalle Street Chicago, IL 60603

Address Service Requested

Last Statement: April 30, 2024 Statement Ending: May 31, 2024 Total Days in Statement Period: 31

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REGIONAL HOUSING&COMMUNITY SERVICES CORP OPERATING ACCOUNT CASE #21-41034

OPERATING ACCOUNT
CASE #21-41034
1033 DEMONBREUN ST SUITE 300
NASHVILLE TN 37203-4512

<u>Customer Service Information</u>

For Personal Assistance, Call: 312 564-1231

SAM DENDRINOS

Visit Us Online: www.cibc.com/US

Written Inquiries:
CIBC Bank USA
120 South LaSalle Street
Chicago, IL 60603

BUSINESS CHECKING

Account Number:

3242

Balance Summary

Beginning Balance as of 04/30/24	\$ 49,381.98
+ Deposits and Credits (2)	250,000.00
- Withdrawals and Debits (27)	244,614.57
Ending Balance as of 05/31/24	\$ 54,767.41
Average Balance	\$ 129,512.81
Low Balance	\$ 45,239.67

Debits

	B 1.0	
Date	Description	Subtractions
05/02	Term-outgoing Wt/Dom	3,311.75
05/02	BNF GALLAGHER BASSETT SERVICES INC OBI Cash Mgmt Trsfr Dr REF 1230936LFUNDS TRANSFER TODEP 0716	830.56
05/03	FROM Preauthorized Wd IPFS800-584-9969IPFSPMTGAA240503 D43899	20,391.54
05/07	Cash Mgmt Trsfr Dr REF 1280912LFUNDS TRANSFER TODEP 0716 FROM	24,664.76
05/07	Cash Mgmt Trsfr Dr REF 1280912LFUNDS TRANSFER TODEP 6329 FROM	23,662.63
05/07	Cash Mgmt Trsfr Dr REF 1280912LFUNDS TRANSFER TODEP 8758 FROM	16,777.36
05/07	Cash Mgmt Trsfr Dr REF 1280912LFUNDS TRANSFER TODEP 2219 FROM	3,547.50
05/10	Preauthorized Wd BILL.comPAYABLESMULTIPLE PAYMENTS BILL.com PAYABLES015NBTYRVH1L5TD	7,760.38
05/14	Preauthorized Wd IPFS800-584-9969IPFSPMTGAA240514 D51085	25,911.39
05/16	Term-outgoing Wt/Dom BNF SCROGGINS ANDWILLIAMSON, P.C. OBI	30,000.00

Keeping Good Records To keep your financial records in good order, it is important to balance each of your checking accounts as soon as you receive a statement. We suggest you use this easy balancing method to detect errors early so they can be resolved as soon as possible in accordance with the Account Agreement.

If you find an error, immediately call or write us at the phone number and address on this statement.

THIS FORM WILL HELP YOU BALANCE YOUR CHECKBOOK

		CKS OUTSTANDING RGED TO YOUR ACCOU	NT	ENDING BALANCE Shown on this statement	\$
Check No.	Amount	Check No.	Amount	ADD (1)	
				ADD (+) Deposits and other credits made but not shown on this statement	\$
				TOTAL	\$
				SUBTRACT (-) Total of checks outstanding	\$
				BALANCE	\$
				Current Checkbook Balance	\$
				ADD (+) Interest earned from this statement	\$
				SUBTRACT (-) Miscellaneous charges from this statement	\$
TOTAL	\$	TOTAL	\$	NEW CHECKBOOK BALANCE Should agree with BALANCE line	\$

DEPOSIT ACCOUNT INFORMATION IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS (FOR CONSUMER ACCOUNTS ONLY)

Please call or write us at the phone number or address on this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- 1. Provide your name and account number.
- 2. Describe the error or transfer you are unsure about and explain, as clearly as you can, why you believe it is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will re-credit your account for the amount you think is in error, so that you have use of the money during the time it takes to complete our investigation.

To Report Lost or Stolen ATM / Debit Cards, Please Call The Emergency Help Desk (24 Hours) 800 236-2442



GENERAL CONTACT INFORMATION

By Phone: Client Support Center 877 448-6500 CIBC Telephone Banking (24 Hours) 877 825-5554 CIBC NetBanking Help Desk (24 Hours) 877 327-7375 CIBC Business NetBanking Help Desk Monday – Friday: 7:00 am – 8:00 pm CST 800 733-9970

By Email: cibcusadmin@cibc.com

By Mail: Client Support Center CIBC Bank USA 120 South LaSalle Street Chicago, IL 60603 Case 21-41034-pwb Doc 300-2 Filed 06/21/24 Entered 06/21/24 13:48:05 Desc Bank Account Statement (Operating) Page 3 of 4

120 S. LaSalle Street Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES CORP

Statement Ending:

May 31, 2024

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BUSINESS CHECKING (continued)

Account Number:

3242

Date 05/23	Description Cash Mgmt Trsfr Dr	Subtractions 21,706.31
00/20	REF 1440859LFUNDS TRANSFER TODEP 8758 FROM	21,700.01
05/23	Cash Mgmt Trsfr Dr REF 1440858LFUNDS TRANSFER TODEP 0716 FROM	16,292.44
05/23	Cash Mgmt Trsfr Dr REF 1440858LFUNDS TRANSFER TODEP 2219 FROM	213.03
05/23	Cash Mgmt Trsfr Dr REF 1440858LFUNDS TRANSFER TODEP 2277 FROM	60.02
05/23	Cash Mgmt Trsfr Dr REF 1440859LFUNDS TRANSFER TODEP 1771 FROM	60.02
05/23	Cash Mgmt Trsfr Dr REF 1440859LFUNDS TRANSFER TODEP 1793 FROM	60.02
05/24	Cash Mgmt Trsfr Dr REF 1450743LFUNDS TRANSFER TODEP 0716 FROM	7,116.56
05/24	Cash Mgmt Trsfr Dr REF 1450733LFUNDS TRANSFER TODEP 6329 FROM	6,170.15
05/24	Cash Mgmt Trsfr Dr REF 1450736LFUNDS TRANSFER TODEP 2219 FROM	5,500.00
05/24	Cash Mgmt Trsfr Dr REF 1450736LFUNDS TRANSFER TODEP 8758 FROM	4,558.34
05/24	Cash Mgmt Trsfr Dr REF 1450735LFUNDS TRANSFER TODEP 0716 FROM	3,928.24
05/24	Cash Mgmt Trsfr Dr REF 1450736LFUNDS TRANSFER TODEP 9152 FROM	3,882.98
05/24	Cash Mgmt Trsfr Dr REF 1450735LFUNDS TRANSFER TODEP 9218 FROM	676.61
05/24	Preauthorized Wd BILL.comPAYABLESMULTIPLE PAYMENTS BILL.com PAYABLES015BIURILX21VZO	7,619.05
05/28	Preauthorized Wd RHCSCACH PAY240528	4,000.00
05/29	Cash Mgmt Trsfr Dr REF 1501338LFUNDS TRANSFER TODEP 6329 FROM	4,412.93
05/31	Cash Mgmt Trsfr Dr REF 1521439LFUNDS TRANSFER TODEP 1959 FROM	1,500.00

120 S. LaSalle Street Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES CORP

Statement Ending:

May 31, 2024

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BUSINESS CHECKING (continued)

Account Number:

3242

Credits

Date	Description	Additions
05/03	Incoming Wire-dom	175,000.00
	ORG ECOFIN DIRECTMUNI OPP FUND OBIEDMOF - RHCSC	,
05/10	Incoming Wire-dom	75.000.00
	ORG ECOFIN TAX ADVSOCIAL IMPACT EDOBI TSIEX - RHCSC	-,

Daily Balances

Date	Amount	Date	Amount	Date	Amount
04/30	49,381.98	05/10	198,435.50	05/24	64,680.34
05/02	45,239.67	05/14	172,524.11	05/28	60,680.34
05/03	199,848.13	05/16	142,524.11	05/29	56,267.41
05/07	131,195.88	05/23	104,132.27	05/31	54,767.41

Overdraft/Return Item Summary

Description	Total for this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Items	\$0.00	\$0.00

MEMBER EQUAL HOUSING FDIC

120 S. LaSalle Street Chicago, IL 60603 Address Service Requested Last Statement: April 30, 2024 Statement Ending: May 31, 2024 Total Days in Statement Period: 31

Page 1 of 1

REGIONAL HOUSING&COMMUNITY SERVICES CORP DEBTOR IN POSSESION CASE #21-41034 1033 DEMONBREUN ST SUITE 300

NASHVILLE TN 37203-4512

Customer Service Information

For Personal Assistance, Call: 312 564-1231 SAM DENDRINOS



Visit Us Online: www.cibc.com/US



Written Inquiries: CIBC Bank USA 120 South LaSalle Street Chicago, IL 60603

BUSINESS CHECKING

Account Number:

9202

Balance Summary

Beginning Balance as of 04/30/2	4 \$	37,284.64
+ Deposits and Credits (0)		0.00
- Withdrawals and Debits (1)		3.30
Ending Balance as of 05/31/24	\$	37,281.34
Average Balance	\$	37,283.47
Low Balance	\$	37,281.34

Debits

DateDescriptionSubtractions05/21Maintenance Fee3.30

ANALYSIS ACTIVITYFOR 04/24

Daily Balances

Date	Amount	Date	Amount	Date	Amount
04/30	37,284.64	05/21	37,281.34	05/31	37,281.34

Overdraft/Return Item Summary

Description	Total for this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Items	\$0.00	\$0.00

Keeping Good Records To keep your financial records in good order, it is important to balance each of your checking accounts as soon as you receive a statement. We suggest you use this easy balancing method to detect errors early so they can be resolved as soon as possible in accordance with the Account Agreement.

If you find an error, immediately call or write us at the phone number and address on this statement.

THIS FORM WILL HELP YOU BALANCE YOUR CHECKBOOK

		CKS OUTSTANDING RGED TO YOUR ACCOU	NT	ENDING BALANCE Shown on this statement	\$
Check No.	Amount	Check No.	Amount	ADD (1)	
				ADD (+) Deposits and other credits made but not shown on this statement	\$
				TOTAL	\$
				SUBTRACT (-) Total of checks outstanding	\$
				BALANCE	\$
				Current Checkbook Balance	\$
				ADD (+) Interest earned from this statement	\$
				SUBTRACT (-) Miscellaneous charges from this statement	\$
TOTAL	\$	TOTAL	\$	NEW CHECKBOOK BALANCE Should agree with BALANCE line	\$

DEPOSIT ACCOUNT INFORMATION IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS (FOR CONSUMER ACCOUNTS ONLY)

Please call or write us at the phone number or address on this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- 1. Provide your name and account number.
- 2. Describe the error or transfer you are unsure about and explain, as clearly as you can, why you believe it is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will re-credit your account for the amount you think is in error, so that you have use of the money during the time it takes to complete our investigation.

To Report Lost or Stolen ATM / Debit Cards, Please Call The Emergency Help Desk (24 Hours) 800 236-2442



GENERAL CONTACT INFORMATION

By Phone: Client Support Center 877 448-6500 CIBC Telephone Banking (24 Hours) 877 825-5554 CIBC NetBanking Help Desk (24 Hours) 877 327-7375 CIBC Business NetBanking Help Desk Monday – Friday: 7:00 am – 8:00 pm CST 800 733-9970

By Email: cibcusadmin@cibc.com

By Mail: Client Support Center CIBC Bank USA 120 South LaSalle Street Chicago, IL 60603