

	STATEME	CUSTOMER		
	FROM	то	NUMBER	
PAGE: 001	04-01-2017	04-30-2017	000092679158	

DIVIDENDS AND/OR INTEREST (IF \$10.00 OR MORE) WILL BE REPORTED TO INTERNAL REVENUE SERVICE AND APPLICABLE STATE AGENCY THROUGH PERIOD ENDING DEC. 31 AS INTEREST INCOME FOR CALENDAR YEAR.

WE HELP FOUNDATION INC 7749 NORMANDY BLVD #145-405 JACKSONVILLE FL 32221

Account at a Glance								
Account		Beginning Balance	Deposits	its Disbursement Fees		Fees	Interest This Period	Ending Balance
00009267915	8	2,555.77				30.00	0.00	1,292.76
		-0000926	79158- Anchor	Checking				
Posted		Amount	Fees	Description				
04-03		56.92-		Point Of Sal	le Withdra	wal CREDIT	PLUS, INC. SALI	SBURY
04-03		45.00		External Dep	osit We H	elp Founda	ti - 1st Beile	
04-03	1,	309.98-		External Withdrawal ESCROW CLEARING AL LLC - LOAN PMT.				
04-06		111.24-		Point Of Sale Withdrawal DNH*GODADDY.COM 480-5058855				
04-10		7.66-		External Withdrawal PAYPAL INSTANT TRANSFER - INST XFER				
04-10		3.50-		External Withdrawal PAYPAL INSTANT TRANSFER - INST XFER				
04-12		25.00		External Deposit We Help Foundati - S. Finney				
04-13		50.00-		Point Of Sale Withdrawal LEADPOWER.NET 423-5366240 NVUS				
04-14		500.00		External Deposit We Help Foundati - A.Baldrich				
04-14		100.00-		Point Of Sale Withdrawal VOIP INNOVATIONS 877-478-6471 PAUS				
04-17		64.20-		Check 2302				
04-24		12.27-		Point Of Sale Withdrawal DNH*GODADDY.COM 480-5058855				
04-24		90.00		External Deposit We Help Foundati - 22th Month				
04-24	3.	300.00		Deposit				
04-25		500.00		External Deposit We Help Foundati - V.Harris				
04-25		300.00-		External Withdrawal We Help Foundati - 15th mnth				
04-26		122.00-		Check 639		1		
04-27		252.99-		Point Of Sale Withdrawal LE-VEL.COM 866-5236639 TXUS				
04-29		302.25-		Point Of Sale Withdrawal TMOBILE*POSTPAID TEL 800-937-8997 WAUS				
04-29		0.00	30.00-	Monthly Mair		'ee		
CHECKS CLE	ARED							
Check#	Date	Amount	Check#	Date	Amount	Check	# Date	Amount
00000639	04-26	122.00	00002302*	04-17	64.20			



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YEAR TO DATE TO DATE TO DATE FINANCE CHARGES

WE HELP FOUNDATION INC

-000092679158- Anchor Checking								(Continued)	
DATIV	BALANCE CHANGI	r.c							
DAILI	BALANCE CHANG	E D							
Day	Balance	Day	Balance	Day	Balance	Day	Balance	Day	Balance
01	2,555.77	03	1,233.87	06	1,122.63	10	1,111.47	12	1,136.47
	•		•		•		•		•
13	1,086.47	14	1,486.47	17	1,422.27	24	4,800.00	25	2,000.00
26	1,878.00	27	1,625.01	29	1,292.76				
	_,		_,		-,				

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^{*}APYE: Annual Percentage Yield Earned

YOUR BILLING RIGHTS KEEP THIS NOTICE FOR FUTURE USE

This notice contains inportant information about your rights and our responsibilities under the Fair Credit Billing Act.

Notify Us in Case of Errors or Questions About Your Statement

(These procedures only apply to your open-end loan advances.)

If you think your statement is wrong, or if you need more information about a transaction on your statement, write to us, on a separate sheet, and mail it to: ATLANTIC COAST BANK, ATTENTION CUSTOMER CARE, P.O. BOX 1256, WAYCROSS, GA 31502-1256. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- * The dollar amount of the suspected error.
- * Describe error and explain, if you can, why you believe there is an error.

If you need more information, describe the item you are not sure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Finance Charge - Balance Computation

We figure the finance charge on your account for any payment by applying the periodic rate to the "unpaid loan balance" after the previous payment was made. This gives you the interest for one period (day). We then multiply the interest for one period (day) by the number of periods (days) which have elapsed since the last finance charge was applied.

The balance used to compute the Finance Charge is the actual unpaid loan balance each day after credits are subtracted and new advances or other charges are added.

Periodic rates for adjustable rate loans may vary in accordance with the loan agreement.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone 800-342-2824 or write to: ATTENTION EFT, P.O. Box 1256, Waycross, GA 31502-1256.

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, contact Atlantic Coast Bank. Atlantic Coast Bank must hear from you no later than 60 days after Atlantic Coast Bank sent you the FIRST statement on which the error or problem appeared.

Tell Atlantic Coast Bank your name and account number.

Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error and why you need more information.

Tell Atlantic Coast Bank the dollar amount of the suspected error.

Atlantic Coast Bank will investigate your complaint and will correct any error promptly. If Atlantic Coast Bank takes more than 10 business days (5 business days for VISA Point-of-Sale transactions) to do this, Atlantic Coast Bank will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes Atlantic Coast Bank to complete the investigation.

The following procedure is for reconciling your Checking Account only!

Obtain your account register and check off the following items listed in your Checking Account:

(1)Personal check or check card uses(2)ATM uses(3)Automatic transfer (4)Deposits. If any of the above items (1) thru (4) are on your Checking Account, but not in your account register, them verify that they are you items, if so, then record them in your account register, and adjust your register balance.

Step 2

Enter each charge against your Checking Account into your register an adjust your register balance.

Step4 Step3

Checking off in you	total all deposits on you Account not checked or account register. This be used in step 5.		payments Account	total all chec s on your Ch not checked register. This ten 5.	ecking off in your	
Date	Amount		Date	Amount		
1			1			
2			2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			
9			9			
10			10			
11			11			
12			12			
13			13			
14			14			
15			15			
16			16			
17			17			
18			18			
Fotal .			Total			

List and total all checks and other

Total Step 5

ENTER: Checking Account Balance	\$
ADD: Your total deposits on your Checking Account. Step 3	\$
SUB TOTAL:	\$
SUBTRACT: Total checks and other payments on your Checking Account not checked off in your account register. Step 4	\$
SUBTOTAL:	\$
ENTER AND SUBTRACT: Balance on your account register	\$
TOTAL: (should be 0)	\$
IF THE TOTAL IS NOT ZERO, SEE STEP 6	

Step 6

Recheck Steps 1 thru 5

Compare the amount entered on your Checking Account to the amounts you entered in your account register.

Check for addition and subtraction errors in your account register.