



ALLENDALE COUNTY SCHOOLS
 DR MARGARET GILMORE
 Account Number:

Statement Closing Date:
 March 25, 2019

Summary of Account Activity	
Previous Balance (Includes Past Due Amount of \$1,534.61)	\$ 1,534.61
Payments	0.00
Other Credits	0.00
Other Debits	0.00
Purchases	3,216.97
Cash Advances	0.00
Balance Transfers	0.00
Fees Charged	10.00
Interest Charged	39.03
NEW BALANCE	\$ 4,800.61
Credit Limit	\$ 20,000.00
Available Credit	0.00
Available Cash	0.00
Amount Disputed	0.00
Statement Closing Date	03/25/19
Days in Billing Cycle	31

Payment Information	
New Balance	\$ 4,800.61
Total Minimum Payment Due (Includes Past Due Amount of \$1,534.61)	\$4800.61
Payment Due Date	04/19/19
Late Payment Warning: IF WE DO NOT RECEIVE YOUR MINIMUM PAYMENT BY THE DATE LISTED ABOVE, YOU MAY HAVE TO PAY A LATE FEE UP TO \$10.	

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of...
Only the minimum payment	3 month(s)	\$4,865.00

If you would like information about credit counseling services, call (866)791-4360.

Contact Information	
Customer Service: (800) 423-7503 Report Lost or Stolen Card: (727) 570-4881 After Hours: (866) 604-0381	
Please send Billing Inquiries and Correspondence to: CUSTOMER SERVICE PO BOX 30495 TAMPA, FL 33630	
Visit us on the web at: www.MyCardStatement.com	
Please Mail Your Payments to: VISA PO BOX 4512 CAROL STREAM IL 60197-4512	

Important News
 YOUR ACCOUNT IS NOW TWO MONTHS PAST DUE. YOUR ABILITY TO PURCHASE ON THIS ACCOUNT HAS BEEN SUSPENDED UNTIL THE TOTAL MINIMUM PAYMENT HAS BEEN MADE.

NOTICE: CONTINUED ON PAGE 3
 Page 1 of 2

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

PALMETTO STATE BANK
 601 FIRST ST WEST
 HAMPTON SC 29924 - 3505

Account Number
 #### #### ####

Check box to indicate name/address change on back of this coupon

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
03/25/19	\$4,800.61	\$4800.61	04/19/19

AMOUNT OF PAYMENT ENCLOSED

\$

ALLENDALE COUNTY SCHOOLS
 DR MARGARET GILMORE
 P O BOX 458
 ALLENDALE SC 29810 - 0458



MAKE CHECK PAYABLE TO:



VISA
 PO BOX 4512
 CAROL STREAM IL 60197 - 4512

IMPORTANT INFORMATION

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Method A - Average Daily Balance (including new transactions). The Interest Charge on purchases begins from the date the transaction is posted to your account, and the Interest Charge on cash advances begins from the date you obtained the cash advance, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no grace period.

The Interest Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees and unpaid interest charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method E - Average Daily Balance (excluding new transactions). To avoid incurring an additional Interest Charge on the balance of purchases (and cash advances if Method E is specified as applicable to cash advances) reflected on your monthly statement, you must pay the entire "New Balance" in full, shown on your monthly statement on or before the Payment Due Date.

The Interest Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day (excluding new transactions) and subtract payments, credits, non-accruing fees and unpaid interest charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method F - Average Daily Balance (including new transactions). To avoid incurring additional Interest Charges on the beginning balance of cash advances (and purchases if Method F is specific as applicable to purchases) reflected on your monthly statement you must pay the Beginning Balance shown on your monthly statement on or before the Payment Due Date. No grace period is provided for current cycle transactions.

The Interest Charges for a billing cycle are computed applying the Periodic Rate to the "average daily balance" of cash advances (and if applicable purchases). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances and subtract any payments, credits, non-accruing fees, and unpaid interest charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method G - Average Daily Balance (including new transactions). To avoid incurring additional Interest Charges on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the entire "New Balance" in full, shown on your monthly statement, on or before the Payment Due Date.

The Interest Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid interest charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the average daily balance.

Payment Crediting and Credit Balance. Payments received by 5PM at the location specified on the front of the statement after the phrase "Please Mail Your Payment To." will be credited as of the date of receipt to the account specified on the payment coupon. Payments made in person during normal business hours at branch locations where such payments are accepted will be treated as received on the same day. Payments must be made in U.S. dollars. Payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request, in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase "Please send Billing Inquiries and Correspondence to:"

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

Closing Date. The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

Annual Fee. If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address listed on the front of this statement after the phrase "Please send Billing Inquiries and Correspondence to:" You may use your card(s) during this 30 day period but immediately thereafter must send your card(s), which you have cut in half to this same address.

Negative Credit Reports. You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at the address shown on the front of this billing statement after the phrase "Please send Billing Inquiries...to:" In your letter, give us the following information:

- **Account Information:** Your name and account number.
- **Dollar Amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing (or electronically) at the address shown on the front of this billing statement following the phrase "Please send Billing Inquiries...to:"

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay, we may report you as delinquent.

(Rev 02-12)

Please use blue or black ink to complete form

NAME CHANGE

Last
First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone () - Business Phone () -

SIGNATURE REQUIRED

TO AUTHORIZE CHANGES Signature _____



PALMETTO STATE BANK

ALLENDALE COUNTY SCHOOLS
DR MARGARET GILMORE
Account Number: #### #### ####

Statement Closing Date:
March 25, 2019

.....
* THE TOTAL FINANCE CHARGE PAID ON YOUR ACCOUNT DURING THE PAST YEAR *
* WAS...\$ 298.19
.....

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!

Transactions

Trans Date	Post Date	MCC Code	Reference Number	Description	Amount	
02/28	03/01	8299		ADVANCED ORG 877-6794502 GA	250.00	
03/05	03/06	8299		PAYPAL *SCNSPRA 402-935-7733 CA	52.50	
03/05	03/07	3058		DELTA AIR 0062361062813 DELTA.COM CA	475.80	
03/06	03/07	6300		TRAVEL INSURANCE POLICY 800-729-6021 VA	30.93	
03/11	03/12	5947		Omni Hotels- 8559073198 604-678-3275 DE	900.00	
03/11	03/13	3504		HILTON HOTELS 803-7327299 SC	120.99	
03/12	03/13	7399		PAYPAL *GRANTTRAINI 402-935-7733 VA	595.00	
03/12	03/14	3058		DELTA AIR 0062362330684 DELTA.COM CA	444.80	
03/13	03/14	6300		TRAVEL INSURANCE POLICY 800-729-6021 VA	28.91	
03/21	03/22	5331		DOLLARTREE HAMPTON SC	68.04	
03/22	03/25	8299		FBI NATIONAL ACADEMY 703-6321990 VA	250.00	
Fees						
03/14	03/14	0000		LATE FEE	10.00	
					TOTAL FEES FOR THIS PERIOD	\$ 10.00
Interest Charged						
03/25	03/25			INTEREST CHARGE-PURCHASE	39.03	
					TOTAL INTEREST FOR THIS PERIOD	\$ 39.03

2019 Totals Year To Date

Total Fees Charged in 2019	\$ 10.00
Total Interest Charged in 2019	\$ 136.17

Interest Charge Calculation/Plan Level Information

Plan Description	ICM ¹	Balance Subject to Interest Rate	Periodic Rate	Annual Percentage Rate (APR) ²	Interest Charge
CURRENT PURCHASES	G	\$ 2,945.77	1.3250%	15.90%	\$ 39.03
CASH	F	\$ 0.00	1.3250%	15.90%	\$ 0.00
TOTAL				15.90%	\$ 39.03

¹ ICM Interest Charge Method: See reverse side of Page 1 for explanation.

² 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.

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1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
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(Rev 02-12)

Please use blue or black ink to complete form

NAME CHANGE

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone () -

Business Phone () -

SIGNATURE REQUIRED
TO AUTHORIZE CHANGES Signature _____