



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

Statement Closing Date:  
 February 22, 2019

**Summary of Account Activity**

Previous Balance	\$ 4,485.98
(Includes Past Due Amount of \$58.75)	
Payments	4,427.23
Other Credits	-
Other Debits	0.00
Purchases	1,434.04
Cash Advances	0.00
Balance Transfers	0.00
Fees Charged	0.00
Interest Charged	41.82

**NEW BALANCE** \$ 1,534.61

Credit Limit	\$ 20,000.00
Available Credit	18,443.00
Available Cash	18,465.00
Amount Disputed	0.00
Statement Closing Date	02/22/19
Days in Billing Cycle	28

**Payment Information**

New Balance	\$ 1,534.61
Total Minimum Payment Due	\$1534.61
(Includes Past Due Amount of \$58.75)	
Payment Due Date	03/19/19

**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)	\$1,556.00

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](http://www.MyCardStatement.com)

Please Mail Your Payments to:  
 VISA PO BOX 4512 CAROL STREAM IL 60197-4512

**Important News**

THANK YOU FOR YOUR RECENT PAYMENT. HOWEVER YOUR ACCOUNT REMAINS ONE PAYMENT PAST DUE. PLEASE BRING IT UP TO DATE IMMEDIATELY TO AVOID ADDITIONAL LATE CHARGES.

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
02/22/19	\$1,534.61	\$1534.61	03/19/19

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 \_\_\_\_\_



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

Statement Closing Date:  
 February 22, 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
02/07	02/08	8220		WINTHROP UNIVERSITY	95.00
02/07	02/08	8398		WINTHROP EDU SC Newberry College	50.00
02/07	02/10	3058		800-8454955 SC DELTA AIR 0062357808496	408.00
02/07	02/10	3058		DELTA COM CA DELTA AIR 0062357293892	491.00
02/07	02/10	8220		DELTA.COM CA USC EMALL 803-777-3079 SC	310.00
02/08	02/10	6300		TRAVEL INSURANCE POLICY 800-729-6021 VA	31.92
02/08	02/10	6300		TRAVEL INSURANCE POLICY 800-729-6021 VA	26.52
02/21	02/22	5331		DOLLARTREE HAMPTON SC	6.48
02/21	02/22	5331		DOLLARTREE HAMPTON SC	15.12
<b>Payments, Adjustments and Others</b>					
02/04	02/10	0000		PAYMENT - THANK YOU	3,806.39
02/11	02/14	0000		PAYMENT - THANK YOU	620.84
<b>TOTAL PAYMENTS OR ADJUSTMENTS</b>					<b>\$ 4,427.23</b>
<b>Interest Charged</b>					
02/22	02/22			INTEREST CHARGE-PURCHASE	41.82
<b>TOTAL INTEREST FOR THIS PERIOD</b>					<b>\$ 41.82</b>
<b>Fees</b>					
<b>TOTAL FEES FOR THIS PERIOD</b>					<b>\$ 0.00</b>

2019 Totals Year To Date	
Total Fees Charged in 2019	\$ 0.00
Total Interest Charged in 2019	\$ 97.14

**Interest Charge Calculation/Plan Level Information**

Plan Description	ICM <sup>1</sup>	Balance Subject to Interest Rate	Periodic Rate	Annual Percentage Rate (APR) <sup>2</sup>	Interest Charge
<b>CURRENT PURCHASES</b>	G	\$ 3,156.44	1.3250%	15.90%	\$ 41.82
<b>CASH</b>	F	\$ 0.00	1.3250%	15.90%	\$ 0.00
<b>TOTAL</b>				15.90%	\$ 41.82

<sup>1</sup> ICM Interest Charge Method: See reverse side of Page 1 for explanation.

<sup>2</sup> 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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(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 \_\_\_\_\_