



ALLENDALE COUNTY SCHOOLS  
CORPORATE ACCOUNT  
XXXX-XXXX-XXXX-  
April 28, 2016 - May 27, 2016

Corporate Travel Card

Company Statement

Account Information	Payment Information	Account Summary
<b>Mail Billing Inquiries to:</b> BANKCARD CENTER PO BOX 982238 EL PASO, TX 79998-2238  <b>Customer Service:</b> 1.888.449.2273 24 Hours  <b>TTY Hearing Impaired:</b> 1.800.222.7365 24 Hours  <b>Outside the U.S.:</b> 1.509.353.6656 24 Hours  <b>For Lost or Stolen Card:</b> 1.888.449.2273 24 Hours	Statement Date ..... 05/27/16 Payment Due Date ..... 06/21/16 Days in Billing Cycle ..... 30 Credit Limit ..... \$15,000 Cash Limit ..... \$0 Total Payment Due ..... \$7,304.71	Previous Balance ..... \$5,429.32 Payments ..... -\$3,273.12 Credits ..... -\$369.63 Cash ..... \$0.00 Purchases ..... \$5,508.79 Other Debits ..... \$0.00 Overlimit Fee ..... \$0.00 Late Payment Fee ..... \$0.00 Cash Fees ..... \$0.00 Other Fees ..... \$0.00 Finance Charge ..... \$9.35 Current Balance ..... \$7,304.71

**Important Messages**

Your account is two payments past due. Please mail your minimum payment today or contact us at 888-449-2273.

**Cardholder Activity Summary**

Account Number	Credits	Cash	Purchases and Other Debits	Total Activity
Credit Limit WILLIAMS, LEILA XXXX-XXXX-XXXX- 10,000	369.63	0.00	5,508.79	5,139.16

Account Number: XXXX-XXXX-XXXX-  
April 28, 2016 - May 27, 2016

Total Payment Due ..... \$7,304.71  
Payment Due Date ..... 06/21/16

Enter payment amount

\$ \_\_\_\_\_

Check here for a change of mailing address or phone numbers. Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:  
BANK OF AMERICA

BANK OF AMERICA  
 PO BOX 15731  
 WILMINGTON, DE 19886-5731

ALLENDALE COUNTY SCHOOLS  
 CORPORATE ACCOUNT  
 3249 ALLENDALE FAIRFAX HWY  
 FAIRFAX, SC 29827-9163



**Posting payments:** Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

**Service for the hearing impaired (TTY/TDD):** Contact our service for the hearing-impaired at 1.800.222.7365.

**Telephone monitoring:** For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

**Disclosure:** We may furnish to your employer information concerning your use of your account. To read more about our information disclosure, please visit [www.bankofamerica.com/corporatecarddisclosure](http://www.bankofamerica.com/corporatecarddisclosure) or call the customer service number listed on your statement to request a copy.

**In case of errors or questions about your bill:** Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to BANKCARD CENTER, PO BOX 982238, EL PASO, TX 79998-2238. Your letter must include the following information:

- The company name, cardholder name and account number in question
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

<b>Customer Service</b>	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	<u>Within the U.S.</u> 1 888 449 2273	<u>Outside the U.S.</u> 1 509.353.6656 (collect calls accepted)

**Thank you for your business.**

**Please write your change of address here:**

Street	
City	
State	Zip
(     )	(     )
Home Phone	Business Phone

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