



UMPQUA BANK

DAVID JIMENEZ
SEIU LOCAL 1000
Account Number: ####-####-####-9225
Page 1 of 2



Account Summary

Credit Limit		\$5,000.00
Billing Cycle		09/30/2021
Days In Billing Cycle		30
Purchases and Other Charges	+	\$587.50
Cash	+	\$0.00
Balance Transfer	+	\$0.00
Credits	-	\$0.00
Payments	-	\$0.00

TOTAL ACTIVITY \$587.50

Account Inquiries

Call us at: (866) 777-9013
Lost or Stolen Card: (866) 839-3485

Go to www.umpquabank.com

Write us at PO BOX 1952, SPOKANE, WA 99210-1952

Cardholder Account Summary

Trans Date	Post Date	Reference Number	Description	Amount
08/31	09/01	24692161243100979452529	STARBUCKS 800-782-7282 800-782-7282 WA	6.70
09/02	09/05	24427331246710041923915	MCDONALD'S F3536 POMONA CA	8.69
09/07	09/08	24692161250100295810632	STARBUCKS 800-782-7282 800-782-7282 WA	4.25
09/10	09/10	24692161253100066233326	STARBUCKS 800-782-7282 800-782-7282 WA	13.35
09/10	09/12	24692161254100290217813	SOUTHWES 5261430225151 800-435-9792 TX JIMENEZ/DAVID 092821 ONT / SMF WN J SMF / ONT WN J	207.96
09/20	09/21	24765011264091097000634	MONTYS RIVERSIDE RIVERSIDE CA	15.23
09/20	09/21	24943001264400453000334	DHAT CREOLE GRILL LLC RIVERSIDE CA	59.85
09/20	09/21	24755421263262636996830	RPS RIVERSIDE PARKING GAR RIVERSIDE CA	8.00
09/20	09/22	24034541264002588673822	7-ELEVEN 33035 ONTARIO CA	46.60
09/21	09/22	24231681265091814000284	THE FIVE LLC EAGLE ROCK CA	26.21
09/25	09/26	24692161268100513845972	STARBUCKS 800-782-7282 800-782-7282 WA	7.20
09/25	09/26	24692161268100514251808	STARBUCKS 800-782-7282 800-782-7282 WA	15.00
09/28	09/29	24492151271717894485165	LYFT RIDE TUE 7AM 855-865-9553 CA	25.77
09/27	09/29	24164051271378008464668	EXXONMOBIL 97639967 SAN DIMAS CA	47.10
09/28	09/29	24692161271100118995144	SQ *NAKED MIDTOWN Sacramento CA	11.76
09/28	09/29	24943001272838000275109	DUNKIN #362461 ONTARIO CA	5.05
09/29	09/30	24492151272713014537752	LYFT RIDE WED 2PM 855-865-9553 CA	25.65
09/29	09/30	24492151272745010719521	LYFT RIDE WED 10AM 855-865-9553 CA	11.74
09/29	09/30	24453881273001781558609	Dads Sandwiches Sacramento CA	26.08
09/29	09/30	24055231273200826400476	TOMMY'S #39 MONTCLAIR CA	15.31

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

UMPQUA BANK
PO BOX 1952
SPOKANE WA 99210-1952



Account Number

9225

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

AMOUNT OF PAYMENT ENCLOSED

Closing Date

09/30/21

Total Activity

\$0.00

Memo Statement No Payment Required

\$



DAVID JIMENEZ
SEIU LOCAL 1000
1808 14TH STREET
SACRAMENTO CA 95811-7131

e-Statement

MAKE CHECK PAYABLE TO:



UMPQUA BANK
PO BOX 2310
SPOKANE WA 99210-2310



IMPORTANT INFORMATION

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to Finance Charge: The Finance Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below:

Method A - Average Daily Balance (including current transactions): The Finance Charge on purchases begins on the date the transaction posted to your account. The Finance Charge on Cash Advances begins on the date you obtained the cash advance, or the first day of the billing cycle within which it is posted to your account, whichever is later. There is no grace period.

The Finance 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 finance 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 current transactions): To avoid incurring an additional Finance 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 New Balance shown on your monthly statement on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance 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 and subtract any payments, credits, non-accruing fees, and unpaid finance charges. We do not add in any new purchases or cash advances. 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 current transactions): To avoid incurring an additional Finance Charge 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 New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance 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 finance 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.

Payment Crediting and Credit Balance: Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited to the account specified on the payment coupon as of the date of receipt. Payments received at a different location or 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 Account Inquiries address on the front of this statement.

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. Submit your request to the Account Inquiries address on the front of this statement. 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

In Case of Errors or Inquiries About Your Bill: If you suspect there is an error on your account or you need information about a transaction on your bill, send your written inquiry to the Account Inquiries address on the front of this statement within 60 days of the date of the statement containing the transaction in question. You may telephone us, however a written request is required to preserve your rights.

In your letter, give us the following information:

- ◆ Your name and account number.
- ◆ The dollar amount of the suspected error.
- ◆ Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure 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.

Please provide a legal document evidencing your name change, such as a court document.

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 () -

Cell Phone () - E-mail Address

SIGNATURE REQUIRED TO AUTHORIZE CHANGES

Signature _____