



**UMPQUA BANK**

RICHARD L BROWN  
SEIU LOCAL 1000

Account Number: ####-####-####-8888

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**Account Summary**

Credit Limit		\$5,000.00
Billing Cycle		10/31/2021
Days In Billing Cycle		31
Purchases and Other Charges	+	\$1,066.21
Cash	+	\$0.00
Balance Transfer	+	\$0.00
Credits	-	\$0.00
Payments	-	\$0.00

**TOTAL ACTIVITY \$1,066.21**

**Account Inquiries**



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



Go to [www.umpquabank.com](http://www.umpquabank.com)



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

**Cardholder Account Summary**

Trans Date	Post Date	Reference Number	Description	Amount
10/01	10/03	24055231274083738540970	MENDOCINO FARMS #23 OLO 312-813-8282 CA	143.24
10/03	10/04	24943001277898040449226	COSTCO GAS #0464 SACRAMENTO CA	36.86
10/01	10/04	24801661276030053533034	GOLDEN DRAGON SACRAMENTO CA	50.82
10/07	10/08	24055231280083303611083	MENDOCINO FARMS #23 OLO 312-813-8282 CA	79.02
10/10	10/11	24943001284898100659095	COSTCO GAS #0471 SACRAMENTO CA	25.61
10/12	10/13	24377351286000001254736	ORIGINAL MELS - FOLSOM FOLSOM CA	39.44
10/12	10/14	24801971287091825000207	#22 LUCILLE'S - ROCKLIN ROCKLIN CA	132.12
10/16	10/17	24692161289100196840600	SQ *SOUTH: TRADITION REIN Sacramento CA	103.80
10/17	10/18	24943001291898100448268	COSTCO GAS #0464 SACRAMENTO CA	41.01
10/17	10/18	24013391290001836228754	CAFE BERNARDO 2 SACRAMENTO CA	57.58
10/19	10/21	24269791293500674823690	BURGERS AND BREW - SAC SACRAMENTO CA	21.81
10/22	10/24	24055231295083715579087	MENDOCINO FARMS #23 OLO 312-813-8282 CA	124.80
10/26	10/26	24431061299838000285621	INK ST 1876 ONTARIO CA	4.79
10/25	10/27	24431061299838000304547	ONT PROVISIONS ST1878 ONTARIO CA	16.98
10/25	10/27	24755421299162993696643	SMF JACKS URBAN EATS 1117 SACRAMENTO CA	3.54
10/30	10/31	24943001304898040670323	COSTCO GAS #0471 SACRAMENTO CA	41.12
10/29	10/31	24013391303003130127992	CAFE BERNARDO 2 SACRAMENTO CA	91.67
10/30	10/31	24755421303273038186641	BOULEVARD FRENCH CLEANERS SACRAMENTO CA	52.00

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



**UMPQUA BANK**

**Account Number**

####-####-####-8888

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

AMOUNT OF PAYMENT ENCLOSED

**Closing Date**

10/31/21

**Total Activity**

\$0.00

**\*\*Memo Statement\*\* No Payment Required**

\$



RICHARD L BROWN  
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 [grid]
First [grid] Middle [grid]

ADDRESS CHANGE

Street [grid]

City [grid] State [grid] ZIP Code [grid]

Home Phone ( [grid] ) [grid] - [grid] Business Phone ( [grid] ) [grid] - [grid]

Cell Phone ( [grid] ) [grid] - [grid] E-mail Address \_\_\_\_\_

SIGNATURE REQUIRED TO AUTHORIZE CHANGES

Signature \_\_\_\_\_