



**Rewards™** Bonus Points Available **166,712**

**Account Summary**

Billing Cycle		02/02/2025
Days In Billing Cycle		32
Previous Balance		\$4,276.62
Purchases	+	\$2,846.13
Cash	+	\$0.00
Balance Transfers	+	\$0.00
Special	+	\$0.00
Credits	-	\$155.54
Payments	-	\$0.00
Other Charges	+	\$40.00
Finance Charges	+	\$124.34
<b>NEW BALANCE</b>		<b>\$7,131.55</b>

**Credit Summary**

Total Credit Line	\$20,000.00
Available Credit Line	\$12,868.45
Available Cash	\$1,000.00
Amount Over Credit Line	\$0.00
Amount Past Due	\$4,276.62
Disputed Amount	\$0.00

**Account Inquiries**

- Call us at: (800) 883-0131  
Lost or Stolen Card: (800) 883-0131
- Go to MyCardStatement.com
- Write us at PO BOX 105666, ATLANTA, GA 30348-5666

**Payment Summary**

<b>NEW BALANCE</b>	<b>\$7,131.55</b>
<b>MINIMUM PAYMENT</b>	<b>\$7,131.55</b>
<b>PAYMENT DUE DATE</b>	<b>02/26/2025</b>

*NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.*

**Cardholder Account Summary**

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
01/03	01/06	PBUS01	24226385005005663453519	SAMSClub.COM 888-746-7726 AR	\$47.92
01/07	01/08	PBUS01	24270745007900017913820	USA CLEAN BY JON-DON 217-8774002 IL	\$160.48
01/08	01/09	PBUS01	24013395008001572020252	ROBERT BROOKE & ASSOCIATE 800-6422403 MI	\$138.19
01/10	01/12	PBUS01	24717055011730110432363	ZPS DES MOINES 320-2532234 IA	\$500.00
01/09	01/12		74027625009067601643354	CREDIT VOUCHER	\$146.02-
				SCRUBBER CI 8557278255 IL	
01/14	01/15		74270745014900018672355	CREDIT VOUCHER	\$9.52-
				USA CLEAN BY JON-DON 217-8774002 IL	
01/16	01/16	PBUS01	24692165016105840936044	IOWA EVENTS CENTER TIX 877-263-9372 IA	\$525.00
01/17	01/17	PBUS01	24692165017106686187675	IOWA EVENTS CENTER TIX 877-263-9372 IA	\$427.50
01/17	01/19	PBUS01	24755425017290170534576	RIFTON EQUIPMENT 800-5718198 NY	\$532.50
01/16	01/19	PBUS01	24445005017300308368593	CASEYS #1416 NEW HAMPTON IA	\$62.82
01/18	01/20	PBUS01	24000975019051602739265	BW PLUS DES MOINES WES CLIVE IA	\$89.60
01/24	01/27	PBUS01	24226385026006280577958	SAMSClub.COM 888-746-7726 AR	\$61.96

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

TCM BANK NA  
 PO BOX 105666  
 ATLANTA GA 30348-5666

Account Number  
 ####-####-####-8958

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

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
02/02/25	\$7,131.55	\$7,131.55	02/26/25

AMOUNT OF PAYMENT ENCLOSED

\$

CHRISTY L ROETHLER  
 NEW HAMPTON COMMUNITY SCH  
 710 W MAIN ST  
 NEW HAMPTON IA 50659-1004



MAKE CHECK PAYABLE TO:  
 VISA  
 PO BOX 6818  
 CAROL STREAM IL 60197-6818

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 [grid]

SIGNATURE REQUIRED

TO AUTHORIZE CHANGES Signature \_\_\_\_\_

**Cardholder Account Summary Continued**

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
01/28	01/30	PBUS01	24692165029104016822869	FAIRFIELD INN & SUITES ALTOONA IA	\$300.16
02/02	02/02	PBUS01	74009775033777033862001	LATE FEE	\$40.00
02/02	02/02	PBUS01	74009775033776033764001	INTEREST CHARGE PURCHASE	\$124.34

**Additional Information About Your Account**

PLEASE NOTE MINIMUM PAYMENT DUE. WE MAY REPORT INFORMATION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS MAY BE REFLECTED IN YOUR CREDIT REPORT.

THE TOTAL FINANCE CHARGE PAID ON YOUR ACCOUNT DURING THE PAST YEAR WAS \$312.85.

**Rewards Bonus Points Information as of 01/31/2025**

Rewards	Beginning Balance	Points Earned	Points Adjusted	Points Redeemed	Ending Balance
® Rewards	163,488	3,224	0	0	166,712

**Finance Charge Summary / Plan Level Information**

Plan Name	Plan Description	FCM <sup>1</sup>	Average Daily Balance	Periodic Rate *	Corresponding APR	Finance Charges	Effective APR Fees **	Effective APR	Ending Balance
<b>Purchases</b>									
PBUS01 001	PURCHASE	G	\$5,686.36	2.18666%(M)	26.2400%(V)	\$124.34	\$0.00	26.2396%	\$7,131.55
<b>Cash</b>									
CBUS01 001	CASH	A	\$0.00	2.43666%(M)	29.2400%(V)	\$0.00	\$0.00	0.0000%	\$0.00

\* Periodic Rate (M)=Monthly (D)=Daily

\*\* includes cash advance and foreign currency fees

<sup>1</sup> FCM = Finance Charge Method

(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

Days In Billing Cycle: 32  
 APR = Annual Percentage Rate





Rewards™

Bonus Points Available  
40,825

Account Summary

Billing Cycle		02/02/2025
Days In Billing Cycle		32
Previous Balance		\$(317.95)
Purchases	+	\$1,579.10
Cash	+	\$0.00
Balance Transfers	+	\$0.00
Special	+	\$0.00
Credits	-	\$0.00
Payments	-	\$0.00
Other Charges	+	\$0.00
Finance Charges	+	\$0.00

**NEW BALANCE \$1,261.15**

Credit Summary

Total Credit Line	\$5,000.00
Available Credit Line	\$3,738.85
Available Cash	\$500.00
Amount Over Credit Line	\$0.00
Amount Past Due	\$0.00
Disputed Amount	\$0.00

Account Inquiries

Call us at: (800) 883-0131  
Lost or Stolen Card: (800) 883-0131

Go to MyCardStatement.com

Write us at PO BOX 105666, ATLANTA, GA  
30348-5666

Payment Summary

NEW BALANCE	<b>\$1,261.15</b>
MINIMUM PAYMENT	<b>\$1,261.15</b>
PAYMENT DUE DATE	<b>02/26/2025</b>

*NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.*

Cardholder Account Summary

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
01/03	01/05	PBUS01	24121575004410138199726	JOHNNY'S SELECTED SEED 877-5646697 ME	\$205.33
01/09	01/10	PBUS01	24445005010400076272311	WM SUPERCENTER #913 DECORAH IA	\$60.91
01/17	01/19	PBUS01	24445005018300278729906	CASEYS #1416 NEW HAMPTON IA	\$150.36
01/23	01/26	PBUS01	24445005024300291099875	CASEYS #1416 NEW HAMPTON IA	\$39.00
01/30	01/31	PBUS01	24013395030006337042782	NTLREST SERVSAFE 312-7151010 IL	\$1,123.50

Additional Information About Your Account

THE TOTAL FINANCE CHARGE PAID ON YOUR ACCOUNT DURING THE PAST YEAR WAS \$0.00.

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

TCM BANK NA  
PO BOX 105666  
ATLANTA GA 30348-5666

Account Number  
####-####-####-8800

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

AMOUNT OF PAYMENT ENCLOSED

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
02/02/25	\$1,261.15	\$1,261.15	02/26/25

\$

JAY J JURRENS  
NEW HAMPTON COMMUNITY SCH  
710 W MAIN ST  
NEW HAMPTON IA 50659-1004

MAKE CHECK PAYABLE TO:

VISA  
PO BOX 6818  
CAROL STREAM IL 60197-6818



**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

cRewards Bonus Points Information as of 01/31/2025					
ⓄRewards:	Beginning Balance	Points Earned	Points Adjusted	Points Redeemed	Ending Balance
	40,370	455	0	0	40,825

Finance Charge Summary / Plan Level Information									
Plan Name	Plan Description	FCM <sup>1</sup>	Average Daily Balance	Periodic Rate *	Corresponding APR	Finance Charges	Effective APR Fees **	Effective APR	Ending Balance
<b>Purchases</b>									
PBUS01 001	PURCHASE	G	\$0.00	2.18666%(M)	26.2400%(V)	\$0.00	\$0.00	0.0000%	\$1,261.15
<b>Cash</b>									
CBUS01 001	CASH	A	\$0.00	2.43666%(M)	29.2400%(V)	\$0.00	\$0.00	0.0000%	\$0.00
* Periodic Rate (M)=Monthly (D)=Daily							Days In Billing Cycle: 32		
** includes cash advance and foreign currency fees							APR = Annual Percentage Rate		
<sup>1</sup> FCM = Finance Charge Method									
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.									







**FIDELITY NATIONAL  
INFORMATION SERVICES**

**P.O. Box 4521  
Carol Stream, IL 60197-4521**

January 29, 2025

NEW HAMPTON COMMUNITY SCH  
710 W MAIN ST  
NEW HAMPTON, IA 50659-1004

Dear Customer

Your credit card payment received by our company is being returned due to the following reason(s):

- Account number not supplied. Please provide a valid 16-digit account number in order to process.
- Check is not signed.
- Written and numerical amounts differ.
- Amounts not allocated correctly.
- Envelope damaged by the U.S. Postal Service.
- Account not processed by FIS.
- Not a MasterCard or Visa payment
- Invalid account number.
- Check incomplete.
- The payment department is unable to post credits or handle account transfers. Please contact your card issuer.
- Other:

To avoid delays in posting future payments, please enclose your statement stub and indicate your account number(s) on the face of the check.

We apologize for any inconvenience this may have caused. We look forward to continuing to service your account in the future.

If you have any questions, please call the Customer Service number listed on your statement.

Thank you.

DG

Enclosed:

2 Stub(s) 2 Check(s)



TCM BANK NA  
PO BOX 105666  
ATLANTA GA 30348-5666

Account Number  
#### #### #### 8958

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

2C  
2V

AMOUNT OF PAYMENT ENCLOSED

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
01/01/25	\$4,276.62	\$4,276.62	01/26/25

\$

CHRISTY L ROETHLER  
- NEW HAMPTON COMMUNITY SCH  
- 710 W MAIN ST  
- NEW HAMPTON IA 50659-1004



MAKE CHECK PAYABLE TO:



VISA  
PO BOX 6818  
CAROL STREAM IL 60197-6818

18 4009 7720 3501 8958 00427662 00427662 4

TCM BANK NA  
PO BOX 105666  
ATLANTA GA 30348-5666

Account Number  
#### #### #### 8800

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

AMOUNT OF PAYMENT ENCLOSED

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
01/01/25	\$(317.95)	\$0.00	01/26/25

\$

JAY J JURRENS  
NEW HAMPTON COMMUNITY SCH  
710 W MAIN ST  
NEW HAMPTON IA 50659-1004



MAKE CHECK PAYABLE TO:



VISA  
PO BOX 6818  
CAROL STREAM IL 60197-6818

18 4009 7720 3501 8800 00000000 00031795 2