UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

IN RE:	}	CASE NUMBER
	}	6:17-bk-07077-KSJ
Ingersoll Financial Group, LLC	}	
	}	JUDGE Karen S. Jennemann
	}	
DEBTOR.	}	CHAPTER 11

AMENDED

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD
FROM 2/01/18 TO 2/28/18

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

/s/ Frank M. Wolff
Attorney for Debtor's Signature

Debtor's Address and Phone Number:	Attorney's Address and Phone Number:
2 South Orange Avenue	Frank Martin Wolff, P.A.
Suite 202	19 E. Central Blvd.
Orlando, FL 32801	Orlando, FL 32801
	(407) 982-4448

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, http://www.usdoj.gov/ust/r21/reg_info.htm

1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
2) Initial Filing Requirements
3) Frequently Asked Questions (FAQs)http://www.usdoj.gov/ust/

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING 2/1/18 AND ENDING 2/28/18

Name of Debtor: Ingersoll Financial, LLC
Case Number 6:17-bk-07077-KSJ
Date of Petition: 11/07/2017

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD	**50.00 (a)**	**$5,910.15 (b)**
2. RECEIPTS:		
A. Cash Sales		
Minus: Cash Refunds	(-)	
Net Cash Sales		
B. Accounts Receivable		
C. Other Receipts *(See MOR-3)*		$5,749
(If you receive rental income, you must attach a rent roll.)		
3. TOTAL RECEIPTS *(Lines 2A+2B+2C)*		**5,749**
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS *(Line 1 + Line 3)*		**$11,659.15**
5. DISBURSEMENTS		
A. Advertising		
B. Bank Charges		$144.22
C. Contract Labor		
D. Fixed Asset Payments (not incl. in "N")		
E. Insurance		
F. Inventory Payments *(See Attach. 2)*		
G. Leases		
H. Manufacturing Supplies		
I. Office Supplies		
J. Payroll - Net *(See Attachment 4B)*		
K. Professional Fees (Accounting & Legal)		
L. Rent		
M. Repairs & Maintenance		
N. Secured Creditor Payments *(See Attach. 2)*		
O. Taxes Paid - Payroll *(See Attachment 4C)*		
P. Taxes Paid - Sales & Use *(See Attachment 4C)*		
Q. Taxes Paid - Other *(See Attachment 4C)*		
R. Telephone		
S. Travel & Entertainment		*$927.82*
Y. U.S. Trustee Quarterly Fees		
U. Utilities		$249.11
V. Vehicle Expenses		
W. Other Operating Expenses *(See MOR-3)*		10,288
6. TOTAL DISBURSEMENTS *(Sum of 5A thru W)*		**11,609.15**
7. ENDING BALANCE *(Line 4 Minus Line 6)*	$50.00 (c)	$50.00 (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 25 day of April, 2018

Keith R. Ingersoll, Managing Member

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b)This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c)These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:
Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

Description	Current Month	Cumulative Petition to Date
Owner contribution		$5,749
TOTAL OTHER RECEIPTS		$5,749

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

Loan Amount	Source of Funds	Purpose	Repayment Schedule

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

Description	Current Month	Cumulative Petition to Date
Owner repayment		10,270
		18
TOTAL OTHER DISBURSEMENTS		$10,288

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: Ingersoll Financial, LLC _____ Case Number 6:17-bk-07077-KSJ

Reporting Period beginning _____ Period ending _____

ACCOUNTS RECEIVABLE AT PETITION DATE: _____

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	$ _____	(a)
PLUS: Current Month New Billings		
MINUS: Collection During the Month	$ _____	(b)
PLUS/MINUS: Adjustments or Writeoffs	$ _____	*
End of Month Balance	$ _____	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

_____

_____

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total	
$ _____	$ _____	$ _____	$ _____	$ _____	(c)

For any receivables in the "Over 90 Days" category, please provide the following:

Customer	Receivable Date	Status (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b)This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c)These two amounts must equal.

ATTACHMENT 2
MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Debtor: Ingersoll Financial, LLC Case Number 6:17-bk-07077-KSJ

Reporting Period beginning _____ Period ending _____

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

POST-PETITION ACCOUNTS PAYABLE

Date Incurred	Days Outstanding	Vendor	Description	Amount
TOTAL AMOUNT				_____(b)

☐ **Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.**

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)

Opening Balance	$_____(a)
PLUS: New Indebtedness Incurred This Month	$_____
MINUS: Amount Paid on Post Petition, Accounts Payable This Month	$_____
PLUS/MINUS: Adjustments	$_____*
Ending Month Balance	$_____(c)

*For any adjustments provide explanation and supporting documentation, if applicable.

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

Secured Creditor/ Lessor	Date Payment Due This Month	Amount Paid This Month	Number of Post Petition Payments Delinquent	Total Amount of Post Petition Payments Delinquent
TOTAL		_____(d)		

(a)This number is carried forward from last month's report. For the first report only, this number will be zero.
(b, c)The total of line (b) must equal line (c).
(d)This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: Ingersoll Financial, LLC _____ Case Number 6:17-bk-07077-KSJ

Reporting Period beginning _____ Period ending _____

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: $ _____

INVENTORY RECONCILIATION:

Inventory Balance at Beginning of Month	$ _____	(a)
PLUS: Inventory Purchased During Month	$ _____	
MINUS: Inventory Used or Sold	$ _____	
PLUS/MINUS: Adjustments or Write-downs	$ _____	*
Inventory on Hand at End of Month	$ _____	

METHOD OF COSTING INVENTORY: _____

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete		Total Inventory
_____%	_____%	_____%	_____%	=	_____100%*

* Aging Percentages must equal 100%.

☐ Check here if inventory contains perishable items.

Description of Obsolete Inventory: _____

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: _____ (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): _____

FIXED ASSETS RECONCILIATION:

Fixed Asset Book Value at Beginning of Month	$ _____	(a)(b)
MINUS: Depreciation Expense	$ _____	
PLUS: New Purchases	$ _____	
PLUS/MINUS: Adjustments or Write-downs	$ _____	*
Ending Monthly Balance	$ _____	

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
(b)Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: Ingersoll Financial, LLC Case Number 6:17-bk-07077-KSJ

Reporting Period beginning 2/1/18 Period ending 2/28/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Regions BRANCH: _____

ACCOUNT NAME: DIP account ACCOUNT NUMBER: [redacted]6393

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	$50	
Plus Total Amount of Outstanding Deposits	$	
Minus Total Amount of Outstanding Checks and other debits	$	*
Minus Service Charges	$	
Ending Balance per Check Register	$50	**(a)

***Debit cards are used by**_____

****If Closing Balance is negative, provide explanation:**_____

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

$_____Transferred to Payroll Account
$_____Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: Ingersoll Financial, LLC Case Number 6:17-bk-07077-KSJ

Reporting Period beginning 2/1/18 Period ending 2/28/18

NAME OF BANK: Regions BRANCH: _____

ACCOUNT NAME: DIP Operating Account

ACCOUNT NUMBER: [redacted]6393

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

DATE	CHECK NUMBER	PAYEE	PURPOSE	AMOUNT
		None		

TOTAL $

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: Ingersoll Financial, LLC Case Number 6:17-bk-07077-KSJ

Reporting Period beginning _____ Period ending _____

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm.

NAME OF BANK: None BRANCH: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____
PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	$ _____
Plus Total Amount of Outstanding Deposits	$ _____
Minus Total Amount of Outstanding Checks and other debits	$ _____ *
Minus Service Charges	$ _____
Ending Balance per Check Register	$ _____ **(a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation:**_____

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5B

CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: Ingersoll Financial, LLC Case Number 6:17-bk-07077-KSJ

Reporting Period beginning ________________ Period ending ________________

NAME OF BANK: None BRANCH: ________________

ACCOUNT NAME: ________________

ACCOUNT NUMBER: ________________

PURPOSE OF ACCOUNT: PAYROLL

Account for all disbursements, including voids, lost payments, stop payment, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

DATE	CHECK NUMBER	PAYEE	PURPOSE	AMOUNT
TOTAL				$

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: Ingersoll Financial, LLC Case Number 6:17-bk-07077-KSJ

Reporting Period beginning _____ Period ending _____

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, http://www.usdoj.gov/ust/r21/index.htm.

NAME OF BANK: None BRANCH: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

PURPOSE OF ACCOUNT: TAX

Ending Balance per Bank Statement	$_____
Plus Total Amount of Outstanding Deposits	$_____
Minus Total Amount of Oustanding Checks and other debits	$_____*
Minus Service Charges	$_____
Ending Balance per Check Register	$_____**(a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation:**_____

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: Ingersoll Financial, LLC Case Number 6:17-bk-07077-KSJ

Reporting Period beginning _____ Period ending _____

NAME OF BANK: None BRANCH: _____

ACCOUNT NAME: _____ ACCOUNT # _____

PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included. http://www.usdoj.gov/ust/

DATE	CHECK NUMBER	PAYEE	PURPOSE	AMOUNT

TOTAL _____(d)

SUMMARY OF TAXES PAID

Payroll Taxes Paid	_____(a)
Sales & Use Taxes Paid	_____(b)
Other Taxes Paid	_____(c)
TOTAL	_____ (d)

(a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
(b) This number is reported in the "Current Month" column of Schedule or Receipts and Disbursements (Page MOR-2, Line 5P).
(c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
(d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
None				

TOTAL _____(a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/Account	**(Column 2)** Maximum Amount of Cash in Drawer/Acct.	**(Column 3)** Amount of Petty Cash On Hand At End of Month	**(Column 4)** Difference between (Column 2) and (Column 3)
None			

TOTAL $_____(b)

For any Petty Cash Disbursements over $100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation_____

_____

_____

_____

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) (c) $_____

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: Ingersoll Financial, LLC Case Number 6:17-bk-07077-KSJ

Reporting Period beginning _____ Period ending _____

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
TOTAL			$		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: Ingersoll Financial, LLC Case Number 6:17-bk-07077-KSJ

Reporting Period beginning 2/1/18 Period ending 2/28/18

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

Name of Officer or Owner	Title	Payment Description	Amount Paid

PERSONNEL REPORT

	Full Time	Part Time
Number of employees at beginning of period		
Number hired during the period		
Number terminated or resigned during period		
Number of employees on payroll at end of period		

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

Agent and/or Carrier	Phone Number	Policy Number	Coverage Type	Expiration Date	Date Premium Due
Tapco underwriters	727-572-5354	NYDMQ-R	Property Ins	7/18/18	
Tapco underwriters	727-572-5354	OBDWO-1	Property Ins	2/9/19	
Tapco underwriters	727-572-5354	OBPPT-1	Property Ins	7/18/18	

The following lapse in insurance coverage occurred this month:

Policy Type	Date Lapsed	Date Reinstated	Reason for Lapse

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate ***(attach closing statement)***; (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before _____.

REGIONS

Regions Bank
Orlando Main Office
111 North Orange Ave
Orlando, FL 32801

INGERSOLL FINANCIAL
DEBTOR IN POSSESSION ACCOUNT
STE 202
2 S ORANGE AVE
ORLANDO FL 32801-2634

ACCOUNT # [redacted]6393

	092
Cycle	26
Enclosures	0
Page	1 of 1

LIFEGREEN BUSINESS SIMPLE CHECKING

February 1, 2018 through February 28, 2018

SUMMARY

Beginning Balance	**$50.00**		Minimum Balance	$50
Deposits & Credits	$0.00	+	Average Balance	$50
Withdrawals	$0.00	-		
Fees	$0.00	-		
Automatic Transfers	$0.00	+		
Checks	$0.00	-		
Ending Balance	**$50.00**			

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.

You may save a considerable amount of money by refinancing your mortgage. If you haven't checked it out, call your PFS officer for Regions' low rates today!

For all your banking needs, please call 1-800-REGIONS (734-4667) or visit us on the Internet at www.regions.com (TTY/TDD 1-800-374-5791).

EQUAL HOUSING LENDER

Thank You For Banking With Regions!

2017 Regions Bank Member FDIC. All loans subject to credit approval.

Easy Steps to Balance Your Account

		Checking Account
1.	Write here the amount shown on statement for **ENDING BALANCE**	$
2.	Enter any deposits which have not been credited on this statement.	$ +
3.	Total lines 1 & 2	$ =
4.	Enter total from 4a (column on right side of page)	$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
Total Enter in Line 4 at Left	$	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures
In Case of Errors or Questions About Your Electronic Transfers
Telephone us toll-free at 1-800-734-4667
or write us at
Regions Electronic Funds Transfer Services
Post Office Box 413
Birmingham, Alabama 35201

Please contact Regions as soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.
(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence