



**FIFTH THIRD BANK**  
(CHICAGO)  
P.O. BOX 630900 CINCINNATI OH 45263-0900

VILLAGE OF THORNTON  
GENERAL FUND  
115 E MARGARET ST  
THORNTON IL 60476-1292



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8627  
008627

Statement Period Date: 8/1/2024 - 8/31/2024

Account Type: PF COMML 53 ANALYZED

Account Number: 41

Banking Center: Rosemont South Bc

Banking Center Phone: 847-653-2100

Commercial Client Services: 866-475-0729



## Account Summary - 41

<b>08/01</b>	<b>Beginning Balance</b>	<b>\$5,898,954.59</b>	Number of Days in Period	31
	Checks			
4	Withdrawals / Debits	\$(4,860,722.73)		
15	Deposits / Credits	\$22,005.10		
<b>08/31</b>	<b>Ending Balance</b>	<b>\$1,060,236.96</b>		

### Withdrawals / Debits

4 items totaling \$4,860,722.73

Date	Amount	Description
08/05	4,784,778.00	VILLAGE OF THORN CASH DISB 1366006125 080524 OFFSET TRANSACTION
08/07 70785	31,603.01	IRS USATAXPYMT 220462053990359 VILLAGE OF THORNTON 080724
08/12 XX	65.68	SERVICE CHARGE
08/19 70861	44,276.04	IRS USATAXPYMT 220463280906230 VILLAGE OF THORNTON 081924

### Deposits / Credits

15 items totaling \$22,005.10

Date	Amount	Description
08/01	119.81	FUNDS TRANSFER FROM CK: XXXXXX5328 REF # 00639302907
08/01	541.12	FUNDS TRANSFER FROM CK: XXXXXX3444 REF # 00639302399
08/05	1,700.99	NGS, INC. MEDICARE B OF IL HCCLAIMPMT 1235295650 VILLAGE OF THORNTON TRN*1*899694498*1351840597~ 080524
08/07	389.93	NGS, INC. MEDICARE B OF IL HCCLAIMPMT 1235295650 VILLAGE OF THORNTON TRN*1*899701784*1351840597~ 080724
08/09	832.28	NGS, INC. MEDICARE B OF IL HCCLAIMPMT 1235295650 VILLAGE OF THORNTON TRN*1*899709796*1351840597~ 080924
08/12	457.75	NGS, INC. MEDICARE B OF IL HCCLAIMPMT 1235295650 VILLAGE OF THORNTON TRN*1*899713491*1351840597~ 081224
08/20	532.83	AETNA AS01 HCCLAIMPMT 1235295650 Vill. of Thorn. Fire D TRN*1*882422701065860*1066033492 082024
08/20	10,470.59	Nicor Gas Compan PAYMENTS 9600030414 VILLAGE OF THORN 082024
08/21	385.03	NGS, INC. MEDICARE B OF IL HCCLAIMPMT 1235295650 VILLAGE OF THORNTON TRN*1*899740079*1351840597~ 082124
08/21	389.23	HNB - ECHO HCCLAIMPMT 366006125 VILLAGE OF THORNTON TRN*1*1149976961*1341858379 082124
08/22	3,750.00	Lamar Advertisin PAYMENTS 132631 Village Of Thornton 082224
08/26	93.80	HNB - ECHO HCCLAIMPMT 366006125 VILLAGE OF THORNTON TRN*1*1150512112*1341858379 082624
08/26	378.04	UnitedHealthcare HCCLAIMPMT 366006125 village of thornton TRN*1*R5134458*1411289245*000087726 082624
08/27	382.94	UnitedHealthcare HCCLAIMPMT 366006125 village of thornton TRN*1*R5195030*1411289245*000087726 082724
08/29	1,580.76	NGS, INC. MEDICARE B OF IL HCCLAIMPMT 1235295650 VILLAGE OF THORNTON TRN*1*899763498*1351840597~ 082924

### Daily Balance Summary

Date	Amount	Date	Amount	Date	Amount
08/01	5,899,615.52	08/12	1,086,549.78	08/22	1,057,801.42
08/05	1,116,538.51	08/19	1,042,273.74	08/26	1,058,273.26
08/07	1,085,325.43	08/20	1,053,277.16	08/27	1,058,656.20
08/09	1,086,157.71	08/21	1,054,051.42	08/29	1,060,236.96



FIFTH THIRD BANK

**Suggested instructions for balancing either your checking or savings account.**

1. Enter Ending Balance from statement. (1) \$ \_\_\_\_\_

2. List Deposits / Credits made after statement date:

Date	Amount	Date	Amount

Enter total of above Deposits/Credits. (2) \$ \_\_\_\_\_

3. Compute sub-total (#1 plus #2). (3) \$ \_\_\_\_\_

4. List Checks and Withdrawals / Debits not yet paid by bank:

Check #/Date	Amount	Check #/Date	Amount

Enter total of above Checks and Withdrawals / Debits. (4) \$ \_\_\_\_\_

5. Subtract line 4 from line 3. This should be your present account balance. (5) \$ \_\_\_\_\_

**Having trouble balancing your statement?**

**If revised bank balance is MORE than your checkbook balance:**

- a) Have you verified your addition and subtraction above and in your checkbook?
- b) Does the above list include all of your outstanding checks, withdrawals and debits?
- c) Have you added all ATM deposits in your checkbook?
- d) Have you added all credits and advances in your checkbook?

**If revised bank balance is LESS than your checkbook balance:**

- a) Have you verified your addition and subtraction above and in your checkbook?
- b) Have you deducted service and other bank charges in your checkbook?
- c) Have you deducted all ATM withdrawals in your checkbook?
- d) Have you deducted all credit line and preauthorized payments in your checkbook?

**ERROR RESOLUTION PROCEDURE FOR ELECTRONIC TRANSACTIONS**

If you believe there is an error on your statement or receipt, or if you need more information about a transaction, please contact us as soon as you can. You can call us at 800-972-3030, or write us at Fifth Third Bank Customer Service; Madisonville Operations Center; Mail Drop 1MOC3A; Cincinnati, OH 45263, or visit your nearest Fifth Third Banking Center. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. (1) Tell us your name and account number. (2) Describe the error or the transaction you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. (3) Tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for a new account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

Note: The error resolution procedure described above and outlined in the Deposit Account Rules and Regulations governs electronic transfers and electronic transactions. The error resolution procedure described above DOES NOT govern checks regardless of how they are deposited and/or processed.

**Preauthorized Transfers.** If you are the recipient of preauthorized deposits, you may contact us at 800-972-3030 during normal business hours or visit the Fifth Third Bank web site at 53.com to confirm receipt of a preauthorized deposit.

**ERROR RESOLUTION PROCEDURE FOR CHECKS**

You agree to carefully examine and reconcile your account statements. You must notify us in writing within thirty (30) days after we mail or otherwise make your statement available of any discrepancy or error on your statement. This includes, but is not limited to, any unauthorized or altered check on your statement, any errors on your statement, or items that may have been forged or counterfeited. You must also notify us within thirty (30) days if you fail to receive a scheduled statement.

Note: The error resolution procedure described above is outlined in the Deposit Account Rules and Regulations.