<b>Usbank</b>			
		TOWN OF APPLE VALLEY	
U.S BANCORP SERVICE CENTER P. O. Box 6343			
Fargo, ND 58125-6343		ACCOUNT NUMBER	Redacted
	JAN 0 5 2015	STATEMENT DATE	12-22-14
		TOTAL ACTIVITY	\$ 34.32
մ![[][[[[]]][[]]]] 000023840 1 AT 0.406 1064818		"MEMO STATEMENT ONLY" DO NOT REMIT PAYMENT	
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		FINANCE DEPA	RTMENT
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JAN 0 6 2015			
JAN 0 6 2015 Public Services	ACCOUNT NUMBER	ACCOUNT SU	MMARY
JAN 0 6 2015 Public Services	ACCOUNT NUMBER Redacted	ACCOUNT SU	MMARY \$.00
JAN 0 6 2015 Public Services		PREVIOUS BALANCE	

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C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION P.O. BOX 6335 FARGO, ND 58125-6335

SEND BILLING INQUIRIES TO:

AMOUNT DUE \$ 0.00

DO NOT REMIT

CASH ADVANCES

CREDITS

CASH ADVANCE FEE

TOTAL ACTIVITY

\$.00

\$.00

\$.00

\$34.32

Please remember to:

 Enclose your check or money order, payable in U.S. dollars, with this payment coupon, but do not staple or tape them together.

Write your account number on the front of your check or money order.

 Make checks payable to: Corporate Payment Systems P.O. Box 790428 St. Louis, MO 63179-0428 Please enter new address or telephone number here:

Name		
Address		
City		
State	Zip	
( )	( )	
Home Phone	Business Phone	

## CUSTOMER SERVICE 1-800-344-5696

Our Customer Service Representatives are available 24 hours a day, 365 days a year. If you have questions about your Commercial Card account, please call Corporate Payment Systems at 1-800-344-5696 or write to us at Corporate Payment Systems, P.O. Box 6343, Fargo, ND 58125-6343.

## MAKING PAYMENTS

The amount shown as Amount Due is payable in full upon delivery of this billing statement.

If an employer is making payment for individual employee cardholders, the employer must provide a single check, or other payment acceptable to Corporate Payment Systems, covering all Amounts Due, as well as a list of account numbers and the dollar amount to be credited to each account.

If individual employee cardholders are responsible for payment, a check, or other payment acceptable to Corporate Payment Systems, for the Amount Due together with the top portion of this billing statement must be mailed by the individual employee to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428.

A payment of less than the Amount Due, but intended to settle an account in full, must be mailed to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. Accepting a partial payment will not change any agreement between either the individual employee cardholder or the employer and Corporate Payment Systems in any way.

Use the enclosed envelope to mail your payment to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. All payments by check or money order and accompanied by a payment coupon will be credited to your account on the day of receipt if received at this address by 1:00 p.m. on any banking day. Banking days are all calendar days except Saturday, Sunday and federal holidays. Other payments will be credited to your account within five days of receipt by Corporate Payment Systems.

## LOST OR STOLEN CARDS

If a Card is lost or stolen, the individual employee cardholder must call Corporate Payment Systems immediately at 1-800-344-5696 and notify the employer in accordance with the employer's policies and/or instructions.

## **BILLING INQUIRIES**

Before disputing or questioning a charge on your statement, take the following actions:

- Determine if other employees of the corporation / institution may have participated in the transaction.
- Review your receipts for the amount in question as it may have posted to your statement with a different merchant name.
- Attempt to contact the merchant to resolve the issue.

To dispute the transaction, phone Corporate Payment Systems Customer Service at the telephone number on the front of this statement and have the following information available:

- The date and dollar amount of the transaction you are questioning.
  An explanation of why you believe there is an error along with any
- documentation you may have to support your claim.
- The date you contacted the merchant to attempt to resolve this issue and the merchant's response.

Many inquiries can be corrected over the phone, but phoning alone does not preserve your rights. To preserve your rights, we must receive your written communication no later than 60 days after we sent you the first bill on which the error or problem appeared. Please send a letter with your name, account number and the above information to: CORPORATE PAYMENT SYSTEMS, P.O. BOX 6335, FARGO, ND 58125-6335. You do not have to pay the amount of the charge that is in dispute while we are investigating; however, you are obligated to pay any charges that are not in question. While we investigate your dispute, we cannot report you as delinquent or take any action to collect the amount you question.