

# Credit Card Billing Statement

Cardholder Name: \_\_\_\_\_ Statement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Account Number: XXXX-XXXX-XXXX-1234 Payment Due Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Billing Address: \_\_\_\_\_

## Account Summary

Previous Balance	_____
Payments	_____
Credits	_____
Purchases	_____
Cash Advances	_____
Fees Charged	_____
Interest Charged	_____
<b>New Balance</b>	_____
Minimum Payment Due	_____

## Transaction Details

Date	Description	Amount
____ / ____ / ____	_____	_____
____ / ____ / ____	_____	_____
____ / ____ / ____	_____	_____

## Payment Instructions

Please make your payment by the due date to avoid late fees and interest charges.  
Payment can be made online, by mail, or at our branch locations.

Mail Payment To:

\_\_\_\_\_