

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF GEORGIA

ROME DIVISION

In Re. Regional Housing and Community Services
Corporation.

Debtor(s)

§
§
§
§

Case No. 21-41034

Lead Case No. 21-41034

☒ Jointly Administered

Monthly Operating Report

Chapter 11

Reporting Period Ended: 08/31/2025

Petition Date: 08/26/2021

Months Pending: 49

Industry Classification: 6 2 3 3

Reporting Method:

Accrual Basis ☐

Cash Basis ☒

Debtor's Full-Time Employees (current):

0

Debtor's Full-Time Employees (as of date of order for relief):

0

Supporting Documentation (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☒ Statement of cash receipts and disbursements
☐ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
☐ Statement of operations (profit or loss statement)
☐ Accounts receivable aging
☒ Postpetition liabilities aging
☐ Statement of capital assets
☐ Schedule of payments to professionals
☐ Schedule of payments to insiders
☒ All bank statements and bank reconciliations for the reporting period
☐ Description of the assets sold or transferred and the terms of the sale or transfer

/s/ Matthew W. Levin

Signature of Responsible Party

09/22/2025

Date

Matthew W. Levin

Printed Name of Responsible Party

4401 Northside Parkway, Suite 230

Atlanta, GA 30327

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore 1320.4(a)(2) applies.



21410342509220000000000001

Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

Part 1: Cash Receipts and Disbursements	Current Month	Cumulative
a. Cash balance beginning of month	\$195,807	
b. Total receipts (net of transfers between accounts)	\$-13,072	\$7,145,743
c. Total disbursements (net of transfers between accounts)	\$282,579	\$7,282,928
d. Cash balance end of month (a+b-c)	\$-99,844	
e. Disbursements made by third party for the benefit of the estate	\$0	\$0
f. Total disbursements for quarterly fee calculation (c+e)	\$282,579	\$7,282,928

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)	Current Month
a. Accounts receivable (total net of allowance)	\$0
b. Accounts receivable over 90 days outstanding (net of allowance)	\$0
c. Inventory (Book <input type="radio"/> Market <input type="radio"/> Other <input checked="" type="radio"/> (attach explanation))	\$0
d. Total current assets	\$0
e. Total assets	\$0
f. Postpetition payables (excluding taxes)	\$26,055
g. Postpetition payables past due (excluding taxes)	\$0
h. Postpetition taxes payable	\$0
i. Postpetition taxes past due	\$0
j. Total postpetition debt (f+h)	\$26,055
k. Prepetition secured debt	\$0
l. Prepetition priority debt	\$0
m. Prepetition unsecured debt	\$92,193
n. Total liabilities (debt) (j+k+l+m)	\$118,248
o. Ending equity/net worth (e-n)	\$-118,248

Part 3: Assets Sold or Transferred	Current Month	Cumulative
a. Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$0
b. Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	\$0	\$0
c. Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$0

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)	Current Month	Cumulative
a. Gross income/sales (net of returns and allowances)	\$0	
b. Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c. Gross profit (a-b)	\$0	
d. Selling expenses	\$0	
e. General and administrative expenses	\$0	
f. Other expenses	\$247,579	
g. Depreciation and/or amortization (not included in 4b)	\$0	
h. Interest	\$0	
i. Taxes (local, state, and federal)	\$0	
j. Reorganization items	\$35,000	
k. Profit (loss)	\$-282,579	\$-7,131,495

Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

Part 5: Professional Fees and Expenses

a.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>		\$0	\$0	\$35,000	\$2,675,741
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Scroggins, Williamson & Ray	Lead Counsel	\$0	\$0	\$35,000	\$1,780,000
ii	GGG Partners, LLC	Financial Professional	\$0	\$0	\$0	\$690,000
iii	Kurtzman Carson & Associates	Other	\$0	\$0	\$0	\$205,741
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Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

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Case No. 21-41034

b.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>					
	<i>Itemized Breakdown by Firm</i>					
		Firm Name	Role			
	i					
	ii					
	iii					
	iv					
	v					
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Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

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Case No. 21-41034

UST Form 11-MOR (12/01/2021)

Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

c.	xcix						
	c						
All professional fees and expenses (debtor & committees)							

Part 6: Postpetition Taxes**Current Month****Cumulative**

a.	Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)	\$0	\$0
c.	Postpetition employer payroll taxes accrued	\$0	\$0
d.	Postpetition employer payroll taxes paid	\$0	\$0
e.	Postpetition property taxes paid	\$0	\$0
f.	Postpetition other taxes accrued (local, state, and federal)	\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)	\$0	\$0

Part 7: Questionnaire - During this reporting period:

- a. Were any payments made on prepetition debt? (if yes, see Instructions) Yes ☐ No ☒
- b. Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) Yes ☐ No ☒
- c. Were any payments made to or on behalf of insiders? Yes ☐ No ☒
- d. Are you current on postpetition tax return filings? Yes ☒ No ☐
- e. Are you current on postpetition estimated tax payments? Yes ☒ No ☐
- f. Were all trust fund taxes remitted on a current basis? Yes ☒ No ☐
- g. Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions) Yes ☒ No ☐
- h. Were all payments made to or on behalf of professionals approved by the court? Yes ☒ No ☐ N/A ☐
- i. Do you have:
- Worker's compensation insurance? Yes ☐ No ☒
 - If yes, are your premiums current? Yes ☐ No ☐ N/A ☒ (if no, see Instructions)
 - Casualty/property insurance? Yes ☐ No ☒
 - If yes, are your premiums current? Yes ☐ No ☐ N/A ☒ (if no, see Instructions)
 - General liability insurance? Yes ☐ No ☒
 - If yes, are your premiums current? Yes ☐ No ☐ N/A ☒ (if no, see Instructions)
- j. Has a plan of reorganization been filed with the court? Yes ☐ No ☒
- k. Has a disclosure statement been filed with the court? Yes ☐ No ☒
- l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

Part 8: Individual Chapter 11 Debtors (Only)

- | | | | |
|----|---|-------|-----|
| a. | Gross income (receipts) from salary and wages | _____ | \$0 |
| b. | Gross income (receipts) from self-employment | _____ | \$0 |
| c. | Gross income from all other sources | _____ | \$0 |
| d. | Total income in the reporting period (a+b+c) | _____ | \$0 |
| e. | Payroll deductions | _____ | \$0 |
| f. | Self-employment related expenses | _____ | \$0 |
| g. | Living expenses | _____ | \$0 |
| h. | All other expenses | _____ | \$0 |
| i. | Total expenses in the reporting period (e+f+g+h) | _____ | \$0 |
| j. | Difference between total income and total expenses (d-i) | _____ | \$0 |
| k. | List the total amount of all postpetition debts that are past due | _____ | \$0 |
- l. Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)? Yes ☐ No ☒
- m. If yes, have you made all Domestic Support Obligation payments? Yes ☐ No ☐ N/A ☒

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/ao/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.

/s/ Katie S. Goodman

Signature of Responsible Party

Chief Restructuring Officer

Title

Katie S. Goodman

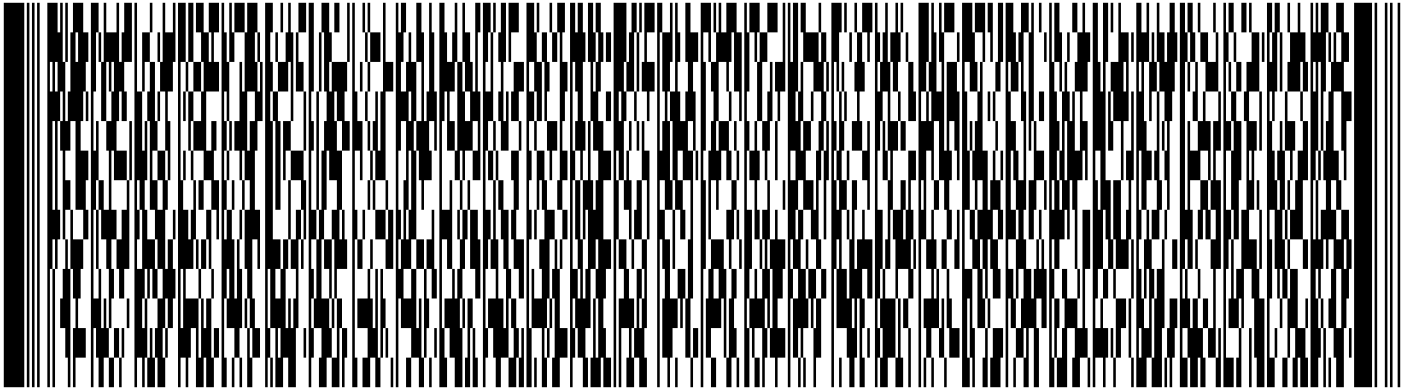
Printed Name of Responsible Party

09/22/2025

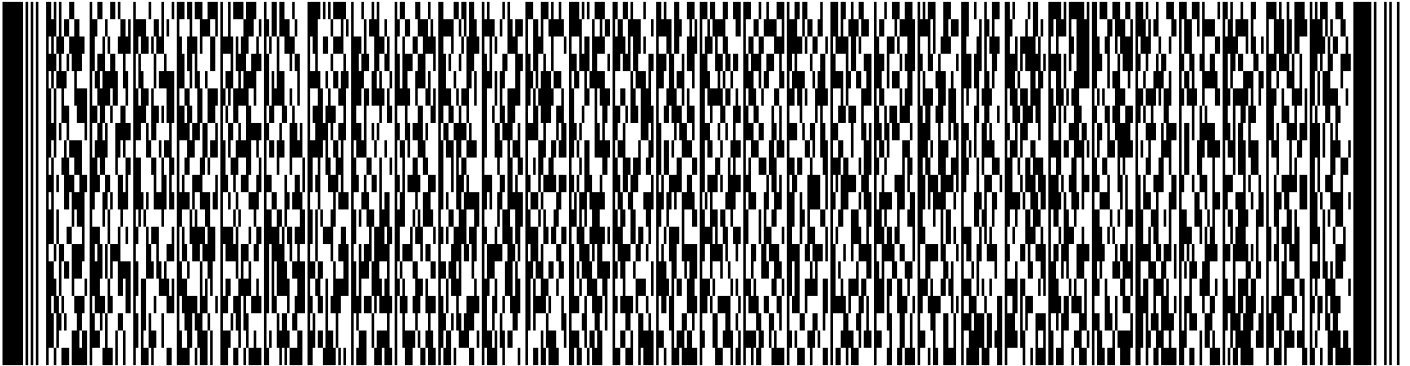
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Debtor's Name Regional Housing and Community Services Corporation.

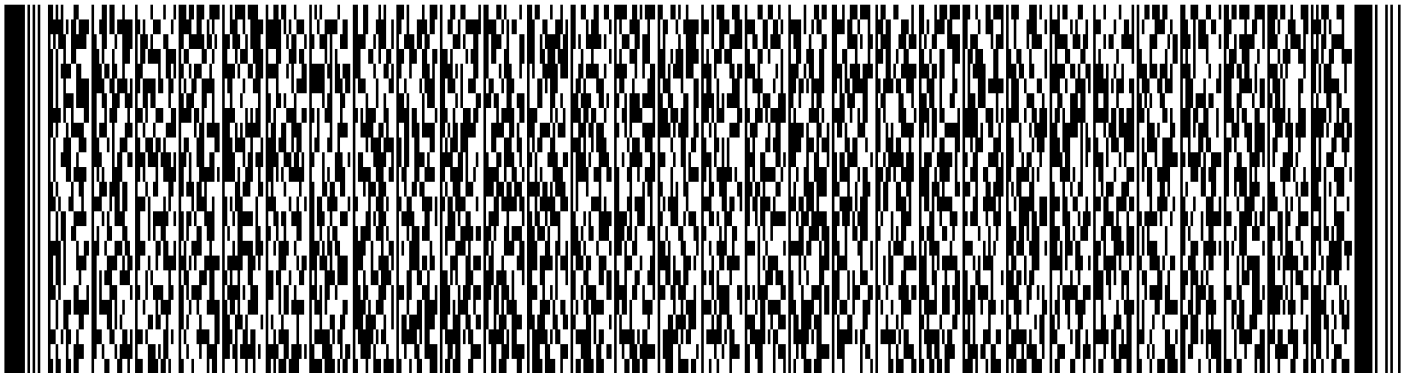
Case No. 21-41034



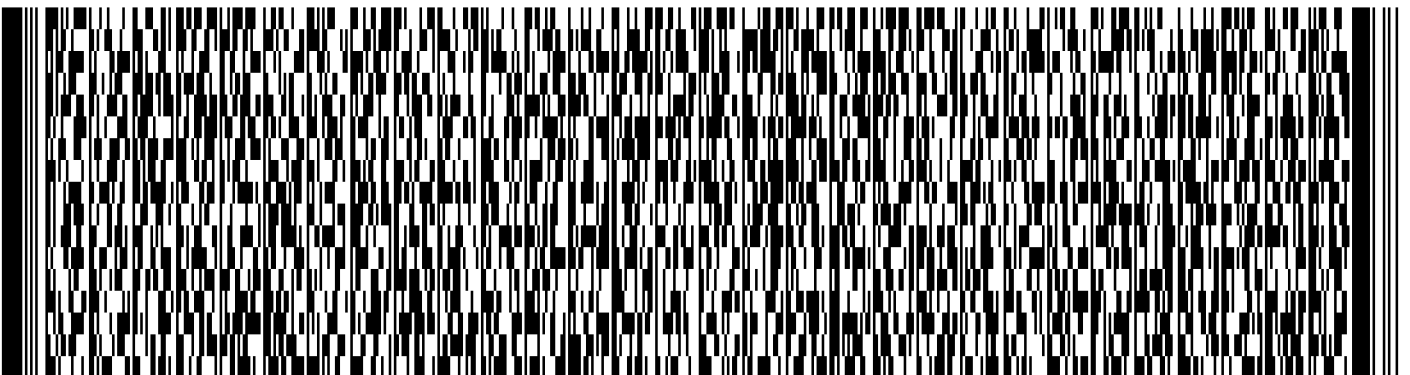
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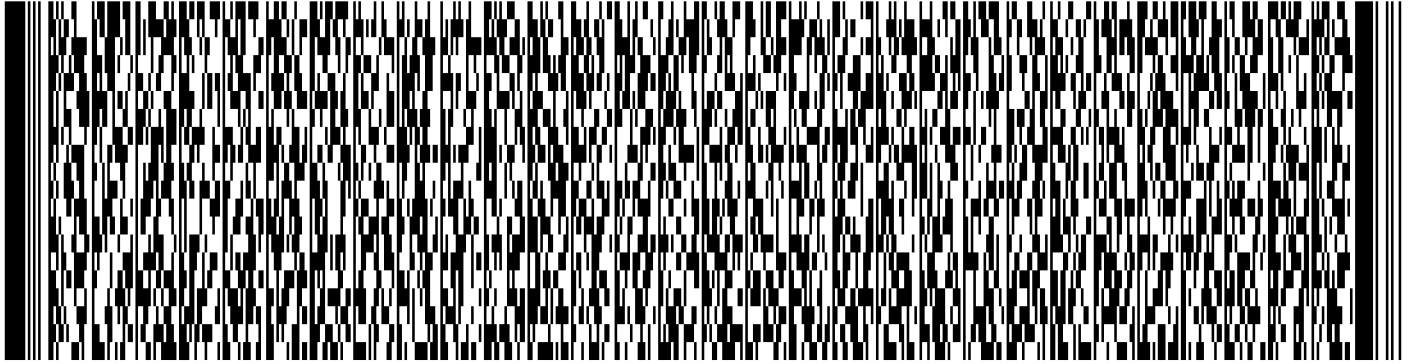
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Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034



Bankruptcy1to50



Bankruptcy51to100



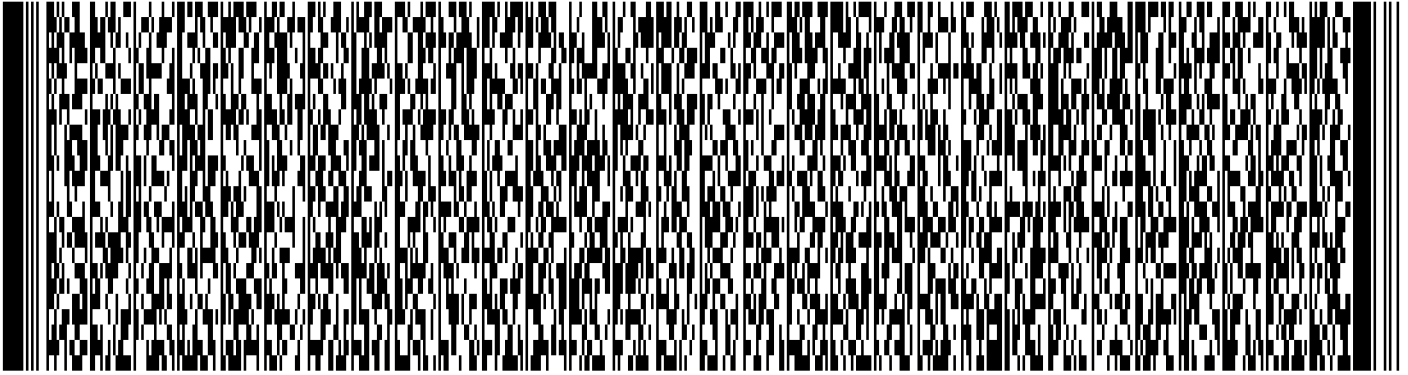
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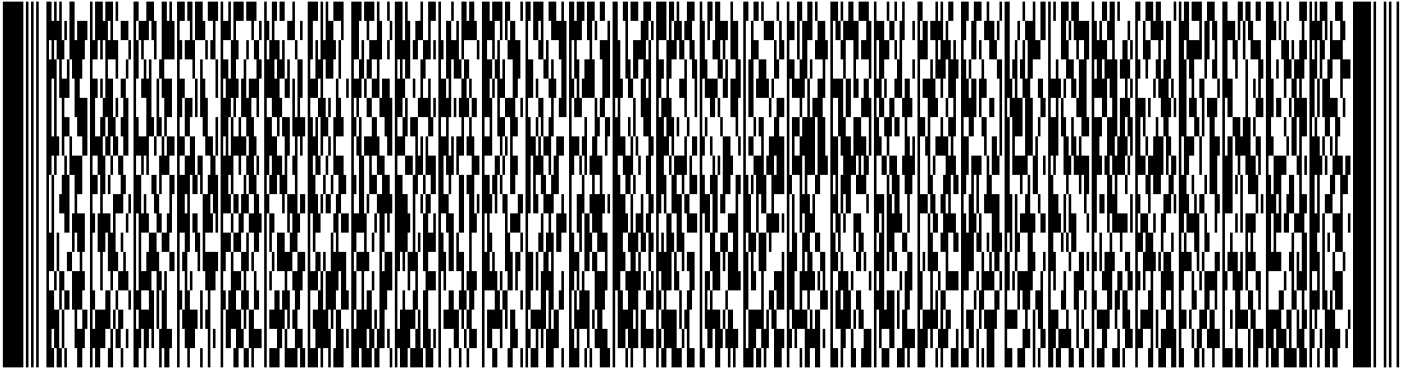
NonBankruptcy51to100

Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034



PageThree



PageFour

In re: Regional Housing and Community Services Corporation
Case No: 21-41034

Notes

1) Payments to Professionals

\$35,000 was paid by Regional Housing and Community Services Corporation (Case No: 21-41034) to Scroggins, Williamson & Ray to hold in escrow for the payment of its fees and \$0 was paid to GGG Partners to hold in escrow for the payment of its fees.

2) Post-petition Borrowings

The Debtors in these related cases collectively borrowed \$0 during the month from Ecofin Direct Municipal Opportunities Fund, LP and Ecofin Tax-Advantaged Social Impact Fund, Inc., pursuant to Orders of the Bankruptcy Court. See Docket Nos. 35 and 58 in the lead case, Case No. 21-41034. The Debtors are jointly and severally liable on the debt.

Schedule of Cash Receipts and Disbursements		
Case # 21-41034	Aug-25	
Beginning Balance	\$ 195,806.77	
Cash Receipts	\$ -	
Cash Disbursements	\$ 295,650.91	
Ending Balance	\$ (99,844.14)	

EXPENDITURES NET OF INTERCOMPANY TRANSFERS	
Professional Fees	\$ 35,000.00
United States Trustee	
Bank Fees	\$ 5.31
Other	\$ 182,758.13
Insurance	\$ 64,815.48
Total	\$ 282,578.92

CREDITS			
Operating			
Date	Description	Amount	Account / Category
	<i>None</i>		
	Subtotal	\$ -	
CREDITS			
Utilities			
Date	Description	Amount	Account / Category
	<i>None</i>		
	Subtotal	\$ -	
	Total	\$ -	
DEBITS			
Operating			
Date	Description	Amount	Account / Category
8/8/25	Bill.com	\$ 1,188.47	Other
8/11/25	Transfer to Montgomery 2	\$ 12,178.39	***2219
8/11/25	Transfer to Columbus	\$ 180.46	***6329
8/13/25	Propel Insurance	\$ 64,815.48	Insurance
8/20/25	Transfer to Montgomery 2	\$ 231.34	***2219
8/20/25	Transfer to Columbus	\$ 178.62	***6329
8/20/25	Transfer to Rome	\$ 153.10	***9152
8/20/25	Transfer to Gainesville	\$ 75.04	***4121
8/20/25	Transfer to Montgomery 2	\$ 75.04	***1771
8/25/25	ACH Pay	\$ 4,000.00	Other
8/25/25	MatrixCare	\$ 2,730.98	Other
8/28/25	Scroggins & Williamson	\$ 35,000.00	Professional Fees
8/28/25	ACH Pay	\$ 4,000.00	Other
8/29/25	Bill.com	\$ 170,838.68	Other
	Subtotal	\$ 295,645.60	
DEBITS			
Utilities			
Date	Description	Amount	Account / Category
8/19/25	Bank fee	\$ 5.31	Bank Fees
	Subtotal	\$ 5.31	
	Total	\$ 295,650.91	

Accounts Payable

		0-30	31-60	61-90	1-120	121-	Total
Gallagher Bassett Services, Inc.		11,377.44	0.00	0.00	0.00	0.00	11,377.44
IPFS Corporation		3,083.98	6,980.95	0.00	0.00	0.00	10,064.93
MatrixCare		4,041.53	570.70	0.00	0.00	0.00	4,612.23
		18,502.95	7,551.65	0.00	0.00	0.00	26,054.60



120 S. LaSalle Street
 Chicago, IL 60603

Address Service Requested

Last Statement: July 31, 2025
 Statement Ending: August 31, 2025
 Total Days in Statement Period: 31

Page 1 of 2

REGIONAL HOUSING&COMMUNITY SERVICES
 CORP
 OPERATING ACCOUNT
 CASE #21-41034
 1033 DEMONBREUN ST SUITE 300
 NASHVILLE TN 37203-4512

Customer Service Information

For Personal Assistance, Call:
 312 564-1231
 SAM DENDRINOS

Visit Us Online:
www.cibc.com/US

Written Inquiries:
 CIBC Bank USA
 120 South LaSalle Street
 Chicago, IL 60603

BUSINESS CHECKING

Account Number: [REDACTED] 3242

Balance Summary

Beginning Balance as of 07/31/25	\$	158,592.56
+ Deposits and Credits (0)		0.00
- Withdrawals and Debits (14)		295,645.60
Ending Balance as of 08/31/25	\$	-137,053.04
Average Balance	\$	86,213.73
Low Balance	\$	-137,053.04

Debits

Date	Description	Subtractions
08/08	Preauthorized Wd BILL.comPAYABLESMULTIPLE PAYMENTS	1,188.47
08/11	Cash Mgmt Trsfr Dr REF 2230946LFUNDS TRANSFER TODEP [REDACTED] 2219 FROM	12,178.39
08/11	Cash Mgmt Trsfr Dr REF 2230946LFUNDS TRANSFER TODEP [REDACTED] 6329 FROM	180.46
08/13	Preauthorized Wd PROPEL INSURANCEPAYMENTS250813 25885414	64,815.48
08/20	Cash Mgmt Trsfr Dr REF 2321311LFUNDS TRANSFER TODEP [REDACTED] 2219 FROM	231.34
08/20	Cash Mgmt Trsfr Dr REF 2321310LFUNDS TRANSFER TODEP [REDACTED] 6329 FROM	178.62
08/20	Cash Mgmt Trsfr Dr REF 2321311LFUNDS TRANSFER TODEP [REDACTED] 9152 FROM	153.10
08/20	Cash Mgmt Trsfr Dr REF 2321311LFUNDS TRANSFER TODEP [REDACTED] 4121 FROM	75.04
08/20	Cash Mgmt Trsfr Dr REF 2321311LFUNDS TRANSFER TODEP [REDACTED] 1771 FROM	75.04
08/25	Preauthorized Wd RHSCACH PAY250825	4,000.00

Thank you for banking with CIBC

**Keeping
Good
Records**

To keep your financial records in good order, it is important to balance each of your checking accounts as soon as you receive a statement. We suggest you use this easy balancing method to detect errors early so they can be resolved as soon as possible in accordance with the Account Agreement.
If you find an error, immediately call or write us at the phone number and address on this statement.

THIS FORM WILL HELP YOU BALANCE YOUR CHECKBOOK

CHECKS OUTSTANDING NOT CHARGED TO YOUR ACCOUNT					
Check No.	Amount	Check No.	Amount		
TOTAL	\$	TOTAL	\$		

ENDING BALANCE \$ _____
Shown on this statement

ADD (+)
Deposits and other credits made but
not shown on this statement \$ _____

TOTAL \$ _____

SUBTRACT (-) \$ _____
Total of checks outstanding

BALANCE \$ _____
Current Checkbook Balance

ADD (+) \$ _____
Interest earned from this statement

SUBTRACT (-) \$ _____
Miscellaneous charges from this
statement

NEW CHECKBOOK BALANCE \$ _____
Should agree with **BALANCE** line

**DEPOSIT ACCOUNT INFORMATION
IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS
(FOR CONSUMER ACCOUNTS ONLY)**

Please call or write us at the phone number or address on this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. 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. Provide your name and account number.
2. Describe the error or 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.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will re-credit your account for the amount you think is in error, so that you have use of the money during the time it takes to complete our investigation.

To Report Lost or Stolen ATM / Debit Cards, Please Call The Emergency Help Desk (24 Hours) 800 236-2442



GENERAL CONTACT INFORMATION

By Phone:
Client Support Center
877 448-6500
CIBC Telephone Banking (24 Hours)
877 825-5554

CIBC NetBanking Help Desk (24 Hours)
877 327-7375
CIBC Business NetBanking Help Desk
Monday – Friday: 7:00 am – 8:00 pm CST
800 733-9970

By Email:
cibcusadmin@cibc.com

By Mail:
Client Support Center
CIBC Bank USA
120 South LaSalle Street
Chicago, IL 60603



120 S. LaSalle Street
Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES
CORP

Statement Ending: August 31, 2025

Page 2 of 2

BUSINESS CHECKING (continued)

Account Number: [REDACTED] 3242

Debits (continued)

Date	Description	Subtractions
08/25	Preauthorized Wd MATRIXCAREMATRIXCARE250822 KRND76VA5D	2,730.98
08/28	Term-outgoing Wt/Dom 3021987624SCROGGINS AND WILL 026009593/ROC/2524010033800333	35,000.00
08/28	Preauthorized Wd RHSCACH PAY250828	4,000.00
08/29	Preauthorized Wd BILL.comPAYABLESMULTIPLE PAYMENTS BILL.com PAYABLES015LEKMCIGMSW9O	170,838.68

Daily Balances

Date	Amount	Date	Amount	Date	Amount
07/31	158,592.56	08/13	80,229.76	08/28	33,785.64
08/08	157,404.09	08/20	79,516.62	08/29	-137,053.04
08/11	145,045.24	08/25	72,785.64	08/31	-137,053.04

Overdraft/Return Item Summary

Description	Total for this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Items	\$0.00	\$0.00



120 S. LaSalle Street
 Chicago, IL 60603
 Address Service Requested

Last Statement: July 31, 2025
 Statement Ending: August 31, 2025
 Total Days in Statement Period: 31
 Page 1 of 1

REGIONAL HOUSING&COMMUNITY SERVICES
 CORP
 DEBTOR IN POSSESSION
 CASE #21-41034
 1033 DEMONBREUN ST SUITE 300
 NASHVILLE TN 37203-4512

Customer Service Information

For Personal Assistance, Call:
 312 564-1231
 SAM DENDRINOS

Visit Us Online:
www.cibc.com/US

Written Inquiries:
 CIBC Bank USA
 120 South LaSalle Street
 Chicago, IL 60603

BUSINESS CHECKING

Account Number: [REDACTED] 9202

Balance Summary

Beginning Balance as of 07/31/25	\$	37,214.21
+ Deposits and Credits (0)		0.00
- Withdrawals and Debits (1)		5.31
Ending Balance as of 08/31/25	\$	37,208.90
Average Balance	\$	37,211.98
Low Balance	\$	37,208.90

Debits

Date	Description	Subtractions
08/19	Maintenance Fee ANALYSIS ACTIVITYFOR 07/25	5.31

Daily Balances

Date	Amount	Date	Amount	Date	Amount
07/31	37,214.21	08/19	37,208.90	08/31	37,208.90

Overdraft/Return Item Summary

Description	Total for this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Items	\$0.00	\$0.00

Thank you for banking with CIBC

**Keeping
Good
Records**

To keep your financial records in good order, it is important to balance each of your checking accounts as soon as you receive a statement. We suggest you use this easy balancing method to detect errors early so they can be resolved as soon as possible in accordance with the Account Agreement.
If you find an error, immediately call or write us at the phone number and address on this statement.

THIS FORM WILL HELP YOU BALANCE YOUR CHECKBOOK

CHECKS OUTSTANDING NOT CHARGED TO YOUR ACCOUNT					
Check No.	Amount	Check No.	Amount		
TOTAL	\$	TOTAL	\$		

ENDING BALANCE \$ _____
Shown on this statement

ADD (+)
Deposits and other credits made but
not shown on this statement \$ _____

TOTAL \$ _____

SUBTRACT (-) \$ _____
Total of checks outstanding

BALANCE \$ _____
Current Checkbook Balance

ADD (+) \$ _____
Interest earned from this statement

SUBTRACT (-) \$ _____
Miscellaneous charges from this
statement

NEW CHECKBOOK BALANCE \$ _____
Should agree with **BALANCE** line

**DEPOSIT ACCOUNT INFORMATION
IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS
(FOR CONSUMER ACCOUNTS ONLY)**

Please call or write us at the phone number or address on this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. 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. Provide your name and account number.
2. Describe the error or 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.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will re-credit your account for the amount you think is in error, so that you have use of the money during the time it takes to complete our investigation.

To Report Lost or Stolen ATM / Debit Cards, Please Call The Emergency Help Desk (24 Hours) 800 236-2442



GENERAL CONTACT INFORMATION

By Phone:
Client Support Center
877 448-6500
CIBC Telephone Banking (24 Hours)
877 825-5554

CIBC NetBanking Help Desk (24 Hours)
877 327-7375
CIBC Business NetBanking Help Desk
Monday – Friday: 7:00 am – 8:00 pm CST
800 733-9970

By Email:
cibcusadmin@cibc.com

By Mail:
Client Support Center
CIBC Bank USA
120 South LaSalle Street
Chicago, IL 60603