

MEMBER NUMBER: 0001376277
 ACCOUNT NUMBER: 2700001376277
 STATEMENT PERIOD: 02/26/26 to 03/25/26
 STATEMENT DATE: 03/25/26

NANTHIDA SIRIPANJANA
 KEERATI SIRIPANJANA
 11886 CITADEL AVE
 FONTANA CA 92337-9078

Account Summary

Scheduled Payment	120.30
Past Due Amount	0.00
Total Payment Due	120.30
Payment Due Date	04/20/26

Your payment will be automatically transferred via ACH as scheduled.
 No action is required.

Principal Balance	\$21,156.39	YTD Finance Charge Paid	\$50.99
Interest Rate	.990%	YTD Fees Paid	\$0.00

Date	Transaction	Late Charge	Finance Charges	Principal	Balance
	Previous Loan Balance				21,260.54
03/20	Payments ACH JPMORGAN CHASE	0.00	16.15	-104.15	21,156.39
03/25	Ending Balance				21,156.39

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Tear along perforation



RETURN COUPON WITH PAYMENT
 Additional Principal?
See Instructions on the back side.

Account #: 2700001376277
 Amount Due: \$120.30
 Due Date: 04/20/26

Additional Principal

\$

Total Enclosed

\$

Address Change

NANTHIDA SIRIPANJANA
 KEERATI SIRIPANJANA
 11886 CITADEL AVE
 FONTANA CA 92337-9078

TECHNOLOGY CU
 PO BOX 889308
 LOS ANGELES, CA 90088-9308



04202026 2700001376277 & 0000012030 6

PAYMENTS

Additional Payment Notice. An Additional payment must be mailed to Technology Credit Union, P.O. Box 1300, San Jose CA 95108-1300. You can pay off all or part of your principal balance at any time without penalty. Even if you pay more than your required minimum payment, you must still make your next full regular monthly payment on its due date. The total Payment Due is the sum of your Current Minimum Payment plus any Past Due Amount and/or fees you owe.

TAX CREDIT

Please consult your tax advisor regarding your eligibility for the Federal Tax Credit. Your loan and your requirement to make payments is not contingent on the availability or your receipt of a tax credit or other benefit.

INSURANCE

To protect your solar system, you will need to maintain insurance of a type and in an amount sufficient to cover the replacement cost of your residence and the solar system. You may obtain insurance from anyone you choose. This insurance coverage may be provided by any insurer of your choice who is authorized by law to provide such coverage.

BILLING ERRORS

If you believe there is a mistake on your bill, please write to us at Technology Credit Union, P.O. Box 1409, San Jose, CA 95109-1409. We will review your question and make any necessary corrections.

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PLEASE COMPLETE FOR CHANGE OF ADDRESS:

Street Address _____ Apt. No. _____

City, State, Zip _____

Phone Number _____

Additional Principal payments must be mailed to Technology Credit Union, P.O. Box 1300, San Jose CA 95108-1300