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DEBIT

FIDELITY
INTEGRATED FINANCIAL SOLUTIONS

ADVICE OF CHARGE

CUSTOMER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE	APPROVED BY

☐ DDA ☐ SAV ☐ CD ☐ SD

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WE CHARGE YOUR ACCOUNT AS FOLLOWS:	AMOUNT

ACCOUNT NUMBER ⑈ _____ ⑈

TRAN CODE ⑈ _____ ⑈

TOTAL AMOUNT $ _____ . __

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