

BILLING NAME

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ESCROW ACCOUNT SUMMARY: DATE TIME (HH.MM)
SUMMARY AS OF: 10/4/2019 14.26

RESIDENT ACCT#	ACCOUNT NAME	\$\$ DEPOSIT	DEPOSIT DATE	DEPOSIT TRANSACTION#	\$\$ FINES	\$\$ FINE INV #	\$\$ FINE INV DATE	VIOLATION TRANSACTION#	FINE STATUS \$ DUE/PAID	\$\$ FINE PAYMT DATE	DEPOSIT TRANSACTION#	\$\$ REFUNDED TO DEPOSITOR	\$ REFUND DATE	\$ REFUND CHECK #	CHECK TRANSACTION#	RESIDENT ACCT ESCROW \$\$ BALANCE
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