

Bail Bond Agency Name: _____

Agent Name: _____

License No: _____

Address: _____

AUTHORIZATION FORM FOR AUTOMATIC PAYMENTS

You, the undersigned, hereby authorize Bail Bond Agency and your designated financial institution to debit your credit or debit card for payment(s) to be applied to the following account and in the matter set forth below:

Bond Number: _____ Defendant Name: _____

Relationship to Defendant: _____ Account Balance: _____

Type and Frequency of Transaction
(Payment amount must reflect the Promissory Note and/or any arrangements made with the bondsman.)

One-Time payment of \$ _____ on or after this date _____

On-going payments of \$ _____ every month until the above balance is paid in full.
On-going payments to be made on or after the (1st - 28th or Last) _____ day of each month.

(Use "Last: to specify the last business day of the month)

Credit/Debit Card Information

Credit Card Number: _____ **Exp. Date:** _____ **Code:** _____

Credit Card Number: _____ **Exp. Date:** _____ **Code:** _____

Card Type (Select One): Visa MasterCard AmEx Discover Credit Card

Name (as it appears) on Credit Card: _____

Billing Address: _____ City/State/Zip: _____

Contact Phone #: _____ E-Mail Address: _____
(For Verification Purposes)

By signing * below, you certify that Bail Bond Agency and the above named financial institution are authorized to initiate transaction(s) from your Credit/Debit/Checking account as set forth above and in accordance with any charges or conditions imposed by your bank or other financial institution. You understand and agree that it is your responsibility to ensure that any debits hereunder will not be rejected for insufficient funds or for any other reason. If a debit is rejected by your bank or other financial institution, you may be liable to the above named Bail Bond Agency for return check fees, as appropriate, as well as overdraft fees or other charges imposed by your bank or other financial institution. This authorization does not alter, amend, or modify your obligations under the Indemnity Agreement for Surety Bail Bond, which obligations remain in full force and effect until satisfied. You may, however, withdraw this authorization and change your payment method at any time by contacting one of our representatives.

*** Card/Account Holder (Signature)**

Card/Account Holder (Print)

Date