

AFTER HOURS BAIL BONDS

AUTHORIZATION FOR PAYMENTS BY PHONE OR IN PERSON (CREDIT CARD OR CHECK)

DEFENDANTS NAME _____

OUTSTANDING BALANCE _____

ON _____ OF EVERY WEEK, A PAYMENT IN THE AMOUNT OF \$ _____ WILL BE DEDUCTED FROM ONE OF THE FOLLOWING PAYMENT METHODS BELOW UNTIL THE OUTSTANDING BALANCE IS PAID IN FULL:

ONE THE _____ OF EACH MONTH, A PAYMENT IN THE AMOUNT OF \$ _____ WILL BE DEDUCTED FROM ONE OF THE FOLLOWING PAYMENT METHODS BELOW UNTIL THE OUTSTANDING BALANCE IS PAID IN FULL:

CREDIT CARD NUMBER _____

EXP DATE _____ SECURITY CODE _____ BILLING ZIP CODE _____

NAME ON CREDIT CARD OR CHECK _____

CHECKING ACCOUNT NUMBER _____

ROUTING NUMBER _____

NAME OF BANK _____

PERSON AUTHORIZING PAYMENTS _____

BY SIGNING BELOW, I AUTHORIZE AFTER HOURS BAIL BONDS TO DEDUCT THE AMOUNT REFERENCED ABOVE (UNDER WEEKLY OR MONTHLY PAYMENTS) ON THE DATE(S) INDICATED ABOVE FROM MY CREDIT AND OR CHECKING ACCOUNT UNTIL THE OUTSTANDING BALANCE IS PAID IN FULL. I UNDERSTAND THAT EVEN IF THE DEFENDANT'S CHARGES ARE DROPPED, DISMISSED, ETC., I AM STILL RESPONSIBLE FOR THE OUTSTANDING BALANCE.

PRINT NAME _____

SIGNATURE _____ DATE _____

AFTER HOURS BAIL BONDS
PHONE: (240) 347-BAIL – FAX: (877) 867-3730