

PLEASE COMPLETE & FAX THIS FORM TO:
(408) 288-5366



940 N. 1st Street, Ste. 4, San Jose, CA 95112

Ph: (408) 288-2245

AUTHORIZATION FORM FOR AUTOMATIC PAYMENTS

1) You, the undersigned, hereby authorize Tapout Bail Bonds, Inc. and your designated financial institution to debit your credit /debit card for payment(s) to be applied to the following account and in the matter set forth below:

Bond/File Number: _____ Defendant Name: _____

Your Relationship to Defendant: _____ Account Balance: _____

Type and Frequency of Transaction

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

Ongoing 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

3) Credit Card Number: _____ Exp. Date: _____ 3-Digit CSC Code: _____

Card Type: Visa MasterCard AmEx Discover Other: _____

Name (as it appears) on Credit Card: _____

Billing Address: _____ City/State/Zip: _____

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

4) By signing* below, you certify that _____ Tapout Bail Bonds _____ 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 for any and all 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