

**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 (1<sup>st</sup> - 28<sup>th</sup> 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