



**BAIL BOND PREMIUM RECEIPT  
AND STATEMENT OF CHARGES**

RECEIPT 0087659

I understand that the premium owing or paid is fully earned upon the defendant's release from custody, and the fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of the premium except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.

1. Date \_\_\_\_\_
2. Amount Received \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)
3. In the Form of  Cash  Check  Money Order  Credit Card  Other \_\_\_\_\_
4. Payer's Name \_\_\_\_\_  
FIRST MIDDLE LAST
5. Payer's Address \_\_\_\_\_  
STREET CITY STATE ZIP
6. In Connection With a Bail Bond(s) for Defendant \_\_\_\_\_  
FIRST MIDDLE LAST
7. Bail Bond Amount(s) \_\_\_\_\_ Power Nos. (If known) \_\_\_\_\_
8. Date of Defendant's Arrest \_\_\_\_\_ Date of Defendant's Release on Bail \_\_\_\_\_
9. Court Name & Address \_\_\_\_\_
10. Date & Time of Next Required Court Appearance \_\_\_\_\_
11. Charged With \_\_\_\_\_
12. Bail Bond Premium \$ \_\_\_\_\_
13. \*Itemized Expenses (if and as permitted by applicable law)
 

	\$ _____
	\$ _____
14. Total Charges (Premium Plus any \*Itemized Expenses) \$ \_\_\_\_\_
15. Amount Paid \$ \_\_\_\_\_
16. Balance Due \$ \_\_\_\_\_
17. Was Collateral Taken?  Yes  No If Yes, Collateral Receipt # \_\_\_\_\_

All other documents executed by Defendant, Indemnitor(s), me, or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

PAID BY	RECEIVED BY
PAYER SIGNATURE	PRODUCER/REPRESENTATIVE SIGNATURE

PAYER NAME (PRINTED)	PRODUCER NAME (PRINTED) LICENSE #
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**SURETY**  
 Accredited Surety and Casualty Company, Inc.  
 P.O. Box 140855  
 Orlando, FL 32814-0855  
 800-432-2799

**BAIL PRODUCER** [Include: name, address, phone no. and license no.]