

CEBB-LV ELECTRONIC TRANSACTION

FOR PAYMENTS BY CREDIT CARD

Attention Cardholder:

This form must be signed by you and witnessed by the Bail Agent to complete this transaction. There will be a **NON-REFUNDABLE** fee for service added to the Bail Bond Premium (Please see Fee Schedule). The service provider accepts Visa, MasterCard, American Express, and Discover cards only.

Defendant's Name: _____ **M.I.** _____ **Last** _____

Cardholder Name: _____ **M.I.** _____ **Last** _____

Address: _____ **Cardholder's #** _____

City: _____ **ST:** _____ **Zip code:** _____

Card #: _____ **Exp Date:** _____

Driver's License #: _____ **Exp Date:** _____

I have made this charge for service rendered to my credit card (listed above) knowing that I must follow any and all agreements and payments rules by the issuing company. I understand that this agreement and my signature replace the need for my card to be imprinted on this document. I understand that the **TOTAL AMOUNT CHARGED** below will be charged to my credit card and I agree to pay the full amount. SIGNER REPRESENTS THAT THEY HAVE SUFFICIENT AVAILABLE FUNDS TO COVER THIS TRANSACTION.

Date: _____

Bond Amount: \$ _____ **Premium Charge: \$** _____

Total Amount Charged: \$ _____ **Approval Code:** _____

Amount to be charged weekly/bi-weekly \$ _____ **Batch:** _____

Cardholder's Signature: _____

Attention Bail Agent:

I have positively identified the cardholder by photo ID and matched the name & signature entered above.

Bail Agent Signature: _____

Date: _____