

ASAP BAIL BONDS

CREDIT CARD/ACH AUTHORIZATION FORM

I, _____, the undersigned, request Derrick Dixon DBA ASAP Bail Bonds and/or Lexington National Insurance to Charge \$_____ USD to my credit/debit card or perform an ACH Transaction from my financial institution.

These charges to my card/account are for the purpose of paying a bail bond fee and or pledging collateral for benefit of _____.

I understand and agree if I am charging my credit/debit card or account for the purposes of the pledging collateral, the percentage that the merchant is charged by the financial institution company will be deducted from the amount that the bonding company is holding for collateral. I understand when the bail bond is terminated, the collateral will be returned within 30 days from the termination date less the merchants' percentage.

I understand my credit/debit card and/or bank account will be charged whatever fees incurred in the event the defendant fails to show up for court. Fees include but not limit to paying court cost, attorney fees, apprehension fees, etc.

My credit/debit card is a ___ Mastercard ___ Visa ___ Discover ___ Amex

Card Number: _____ Exp. Date _____ CV _____ Zip _____

Bank Information:

Financial Institution _____

Account # _____ Routing # _____

I hear by authorize Derrick Dixon DBA ASAP Bail Bonds and or Lexington National Insurance to process a financial transaction to my credit/debit card and/or ACH Transaction. Should the defendant not report to court as agreed.

Indemnitor Signature

Date

Printed Name _____

Social Security Number _____

Gov. ID# / Exp. _____

Subscribed and Sworn to before me on this ___ day of _____,

Notary of Public _____

My Commission Expires

Galveston County Lic.# 992206 P: 409.497.4327 | Wharton County Lic.# 019 P: 979.532.2727 | Brazoria
County Lic.# 127 P: 979.848.2727 | Fort Bend County Lic.# 110 P: 281.232.7277 | Harris County Lic.#
74507 P: 713.225.2727

Bail Producer Stamp: