



1150 Coddington Center #2  
 Santa Rosa, California 95401  
 Telephone (707) 579-4444  
 Toll-free 1-888-87Ayuda (29832)  
 Email: info@ayudabailbonds.com

Official Use Only:  Defendant: _____  Bond(s): _____  _____
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**AUTHORIZATION TO CHARGE CREDIT CARD  
 FOR THE PAYMENT OF A BAIL BOND PREMIUM, RENEWAL OF  
 BAIL BOND PREMIUM OR FORFEITURE**

The undersigned, having made application for (or renewal of) a surety, or bail bond(s), to be issued by Ayuda Bail Bonds, a California licensed bail agent, hereby authorizes Ayuda Bail Bonds, its employees, agents or representatives to charge the bail bond premium/renewal in the sum of

\_\_\_\_\_ U.S. Dollars  
 \$ \_\_\_\_\_ . \_\_\_\_\_ .

The authorization information below shall be held on file in strict confidence. The credit card may be checked for validity before issuance of the bail bond(s). The card number below may be used to pay the premium when it becomes due. As long as the bail bond obligation undertaken by Ayuda Bail Bonds is in force, this authorization will remain in full force and effect until such time as the bond obligation referred to herein is fully exonerated or discharged.

The undersigned agrees to authorize Ayuda Bail Bonds to submit credit card charges using the credit card listed below to recover all payments due and all other unpaid amounts for the payment of premiums, premium renewals or forfeitures.

**- PRINT CLEARLY -**

Card Type: \_\_\_\_\_ MasterCard ® \_\_\_\_\_ VISA ® \_\_\_\_\_ Amex ® \_\_\_\_\_ Discover ®

Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

Billing City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby declare that I am the holder of the above credit card and I authorize its use to pay premium(s), renewals or forfeitures for Bail bonds provided by Ayuda Bail Bonds. I also understand that this credit card may be charged for any future invoice for any and all costs associated with this/these bail bond(s).

This authorization becomes null and void following the payment of any and all obligations and the exoneration of all bail bonds underwritten by Ayuda Bail Bonds pertaining to the above named defendant.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this authorization is to be returned by FAX, please fax back to (707) 525-0163 or email to info@ayudabailbonds.net