

Citi-Bail Agency, Inc.

(CBAI)

Mobile Office: 716.880.5805 or 716.799.7277 Fax: 585.626.0957

Credit Card Payment Authorization

Defendant's Name	Bond Amount \$
Jail	Credit Card Number
Name as it appears on card	Expiration Date ____/____
CVC Code	Billing Zip Code
Billing Address	State

I authorize CBAI to charge my credit card in the amount of \$ _____.

State amount in words: _____

In payment of Judicial Services contracted on this _____ day of _____.

Indemnitor's Signature

Agent's Signature

Indemnitor's Printed Name

Agent's Printed Name

____/____/____

____/____/____

Note: Attach a copy of the credit card (front & back) and Card Holder's State issued Drivers License.

Please Fax this completed form to 585.626.0957