



MATT MCKEEHAN BAIL BONDS, INC.

2728 N. PACE BLVD. PENSACOLA, FL 32505

Pensacola: (850)444-BOND (2663)

Milton: (850)623-BOND (2663) Fax: (850)444-9110

CREDIT CARD AUTHORIZATION

I do hereby authorize Matt McKeehan Bail Bonds to debit my credit card for

(Defendant) _____

Name as it appears on card: _____

Contact number: (____) _____ Email: _____

Billing address: _____

Mailing address: _____

Credit Card# _____ Expiration date: _____

Security code _____

PREMIUM Amount \$ _____
Fl. Stat. 648.33- Premium fee is 10% of the bond(s) or \$100.00 whichever is greater.
BAIL BOND PREMIUM IS NON-REFUNDABLE.

COLLATERAL Amount \$ _____ Credit card fee \$ _____ Total \$ _____
Fl. St. 648.571(1)(b) WHEN COLLATERAL IS POSTED FOR BAIL, THE CREDIT CARD FEE OF 3.53% IS NON-REFUNDABLE. COLLATERAL WILL BE RETURNED ONCE ADJUCATION IS RENDERED AND THE CLERK OF COURT HAS SICHARGED THE BOND(s). FL. ST. 903.29-IF THE BOND(s) IS FORFEITED ANY EXPENSE INCURRED IN APPREHENDING THE ABOVE NAME DEFENDANT COULD BE DEDUCTED FROM THE COLLATERAL.

PAYMENTS MONTHLY BI-WEEKLY WEEKLY
Amount authorized \$ _____ Begin Date _____
Total balance owed \$ _____

AS VERBALLY AGREED UPON, BY SIGNING THIS, I AM AUTHORIZING MATT MCKEEHAN BAIL BONDS TO DEBIT MY CREDIT CARD THE TOTAL AMOUNT OF \$ _____

Cardholder signature

Date

Notary/Witness

Date

My commission exp _____ Personally known _____

Produced Identification _____ Type of Identification _____