



Official Use Only:

Defendant: _____

Bond(s): _____

AUTHORIZATION FOR RECURRING CREDIT CARD CHARGES

I (Credit Card Holder) hereby authorize Wizard Bail Bonds to charge my credit/debit card on a periodic basis per a Payment Schedule contained in a Promissory Note dated _____, signed by the Credit Card Holder as a Defendant and/or Indemnitor, and which is incorporated herein. Payments are for one or more bail bond premium(s) and/or additional costs. I further stipulate to the following conditions:

1. I understand that these periodic credit/debit card charges will continue until I give written notice to change to a different credit/debit card or terminate the charges in lieu of another form of payment. Wizard Bail Bonds Management must stipulate to any changes or other form of payment.
2. I understand that payments are collected at the beginning of each periodic payment period.
3. I understand that Wizard Bail Bonds will charge my credit/debit card per the Payment Schedule contained in the Promissory Note specified above.
4. I understand that I am personally responsible for any payments not processed by my financial institution.
5. I understand that Wizard Bail Bonds requires at least one week (7 days) written notice before the recurring credit/debit card charge date to alter or cancel my scheduled periodic credit/debit card charge.
6. I understand that Wizard Bail Bonds will notify me in advance if there are any increases to my periodic credit/debit card charge.
7. I agree to notify Wizard Bail Bonds within 14 days if I have a credit/debit card number and/or expiration date change.
8. I understand and authorize that Non-Sufficient Funds (NSF) or collection fees will be charged to me for any declined periodic credit/debit card transaction. Such NSF fees will be the maximum amount allowed by law and will include applicable taxes.

I hereby acknowledge that I have read and agree to the terms and conditions stated above. – **PRINT CLEARLY**

Credit Card Holder's Name: _____
As it appears on the card.

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact Fax: _____

Card Type: VISA _____ MasterCard _____ American Express _____ Discover _____

Card Number: _____ Exp. Date: _____

Security Code: _____ (Visa/MC/Disc. 3 digits on back – Amex 4 digits on front)

Signature of Credit Card Holder: _____ Date: _____