

AAA Professional Bail Bonds

Irving

4425 W. Airport Fwy Suite 369
Irving, Tx 75062 Lic#254
Ph: (214) 741-9111 Fax: 214 748-8111

Fort Worth

400 E. Weatherford St. Suite 106
Fort Worth, TX 76102 Lic#236
Ph: (817) 850-9111 Fax: 817 850-9113

PAYMENT PLAN AGREEMENT

I, _____, have retained AAA Professional Bail Bonds for the release of _____ from jail. The fee charged for posting bail is \$ _____. The initial payment paid \$ _____. A balance of \$ _____, to be paid on ____/____/____, and continuing as the following:

Amount of Payment: _____	Due Date: _____
Amount of Payment: _____	Due Date: _____
Amount of Payment: _____	Due Date: _____
Amount of Payment: _____	Due Date: _____
Amount of Payment: _____	Due Date: _____
Amount of Payment: _____	Due Date: _____

Until such time as the balance due is paid in full. If no payments are made against an outstanding balance for any consecutive four week period, I hereby agree for AAA Professional Bail Bonds to file an Affidavit to release Surety (AFRS) will be filed with the court. I further agree that, if any collateral is being held, it will be sold to cover the outstanding balance. If the sale of collateral does not fully cover the outstanding balance, the indemnitor's and myself will be equally responsible for the remaining balance owed under the above same conditions. *Failure to pay on time, as agreed, will result in a late fee of \$25.00 per each late payment AND/OR an Affidavit Of Surety To Surrender Principal will be filed with the court. NO EXCEPTIONS.*

I, _____ as indemnitor on behalf of _____, do hereby acknowledge equal responsibility for the balance due in the amount of \$ _____, and agree to make payments as outlined above should the defendant fail to do so for any reason.

Indemnitor

Agreed to, and signed on this _____ day of _____, 20____.

Indemnitor's Signature _____

Indemnitors Printed Name: _____

Social Security Number: _____ - _____ - _____

Driver License Number: _____ State: _____

Defendant

Agreed to, and signed on this _____ day of _____, 20____.

Defendant's Signature _____

Defendant's Printed Name: _____

Social Security Number: _____ - _____ - _____

Driver License Number: _____ State: _____