



Power # _____

UNPAID PREMIUM AGREEMENT

Defendants Name: _____ Date: _____

Bail Amount: _____ Jail: _____

Total Premium Amount: \$ _____

Less Amount Paid: \$ _____

BALANCE DUE: \$ _____

The undersigned promises to pay the Balance Due of \$ _____ in ____ Installments of \$ _____ each, with the first installment due on _____ and all subsequent Installments due as follows:

Weekly

Bi-Weekly

Monthly

TILL PAID IN FULL.

I (We) have obtained a bail bond for the release of the above named defendant and I (We) promise to pay the balance due as prescribed above. I (We) understand the should a default occur and payments become 60 days past due surety bail bonds agents are required by Connecticut State Law to file a civil court action seeking appropriate relief. Make diligent effort to obtain a judgment. Any and all legal collection fees associated to my account will be my responsibility.

Must be paid in full within 15 months.

ALL PAYMENTS SHOULD BE MAILED TO OR DROPPED OFF AT:

ACES BAIL BONDS
1125 NORTH AVE.
BRIDGEPORT, CT 06604

C/O _____

I HAVE READ AND AGREED WITH THE ABOVE DECLARATIONS

DATE: _____

DATE: _____

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

SIGNATURE: _____

SIGNATURE: _____