Brewster Bail Bonding

520 Market Street
Wilmington, NC 28401
(910) 622-2665

I, _____ hereby give Brewster Bail Bonding

permission to withdrawal payment(s) from my Master Card / Visa / Doscover / American Express

_____ (account #) _____ (exp. Date)

_____ (CVV code) for bond premium and /or collateral on

_____(defendant)

as per the payment schedule below.

Payment Schedule

DATE	AMOUNT	INITIALS

SIGNATURE_____ ADDRESS _____

SSN _____ CITY/STATE _____

DATE _____ PHONE _____