

**SBI BAIL BONDS of PA.**

516 Hamilton Street, Allentown, PA 18101

(610) 439-BAIL FAX: (610) 439-2248

**PAYMENT AGREEMENT FORM**

The signatures below acknowledge that a bond was posted in the name of \_\_\_\_\_ (Defendant) and that there is a balance due at this time.

The signatures below agree to pay SBI Bail Bonds of PA at a rate of \$\_\_\_\_\_. (daily, weekly, bi-weekly, monthly), starting on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

In the event We/I breach this agreement by failure to pay all or part of the monies owed hereunder, We/I agree to pay SBI Bail Bonds of PA all costs associated with any and all steps taken on their behalf to collect those monies, including but not limited to; Administrative costs and expenses in connection with the collection of said monies; the costs of salaries and expenses of any individual employed by SBI Bail Bonds of PA in connection with such collection procedures; court costs and fees; fees and costs in connection of service of process; and legal fees incurred by SBI Bail Bonds of PA in connection with such collection. We/I further understand that in the event payment of all monies due and owing hereunder are not paid as agreed, SBI Bail Bonds of PA shall have the right to take any steps necessary to revoke the bail bond posted by them on behalf of said Defendant, and shall be entitled to take said Defendant into custody and return him/her to the authorities from whose custody he/she was bailed.

We/I have fully read, understand and agree to the foregoing document.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Indemnitor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Indemnitor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Indemnitor's Signature

\_\_\_\_\_  
Date