

*Access Bail Bonds*  
*3903 Brockton Ave, Suite 6*  
*Riverside, CA 92501*  
*(951) 789-4001*

**UNPAID PREMIUM AGREEMENT**

DATE: \_\_\_\_\_  
DEFENDANT NAME: \_\_\_\_\_  
BAIL AMOUNT: \_\_\_\_\_  
BOND NUMBER: \_\_\_\_\_

TOTAL PREMIUM: \$ \_\_\_\_\_  
LESS DOWN: \$ \_\_\_\_\_  
BALANCE: \$ \_\_\_\_\_

**PAYMENT SCHEDULE**

Date: _____	Payment Amount: \$ _____	Date: _____	Payment Amount: \$ _____
Date: _____	Payment Amount: \$ _____	Date: _____	Payment Amount: \$ _____
Date: _____	Payment Amount: \$ _____	Date: _____	Payment Amount: \$ _____
Date: _____	Payment Amount: \$ _____	Date: _____	Payment Amount: \$ _____

Or in the following manner: \_\_\_\_\_  
\_\_\_\_\_

I (we) have obtained a bail bond for the release of the above named defendant and promise to pay the balance due as prescribed above. I (we) understand that payments should be received at the address stated above within five days of the scheduled date. A late of \$30.00 will be assessed for payments received more than 5 days past their due date. Should the account become over 30 days past due a demand for full payment may be made. If the full amount of the Balance Due is not paid within that period of time, then the intrest shall accrue on the Balance Due from the date of this agreement, until paid in full, at the rate of 1.5% per month.

**I/WE HAVE READ THE ABOVE AND AGREE TO ALL OF THE TERMS AND OBLIGATINONS**

_____	_____	_____
Indemnitor Signature	Print Name	Date
_____	_____	_____
Indemnitor Signature	Print Name	Date
_____	_____	_____
DEFENDANT SIGNATURE	PRINT NAME	DATE