



# affordabail bail bonds

450 CHURCH STREET • HARTFORD CT 06103 • (860) 244-0373

## PROMISSORY INSTALLMENT NOTE & UNPAID PREMIUM AGREEMENT

PAYMENT TERMS: I (We) having obtained a surety bond release for \_\_\_\_\_ (Defendant's Name) and having an unpaid balance hereby agree to Afford-A-Bail Bonds Bondsman:

- Premium Amount: \$ \_\_\_\_\_
- Down Payment: \$ \_\_\_\_\_
- Amount Owed: \$ \_\_\_\_\_

A surety bail bond agent may enter into a premium financing arrangement with a defendant or any co-signer(s) in which such agent extends credit to such defendant or co-signer(s). If a surety bail bond agent enters into a premium financing arrangement, such agent shall require (1) the defendant on the bail bond or any co-signer(s) to make a minimum down payment of thirty five percent of the premium due, and (2) the defendant and any co-signer(s) to execute a promissory note for the balance of the premium due. Such promissory note shall provide that such balance shall be paid not later than fifteen months after the date of the execution of the bail bond. In the event that payments against the premium become 60 days delinquent, or if such balance has not been paid in full to the surety bail bond agent by the due date, Afford-A-Bail Bonds reserves the right to revoke bail and the agent shall file a civil action seeking appropriate relief with the court.

This note is due and payable as follows: The first such payment is due and payable on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and like installments of \$\_\_\_\_\_ on a weekly/biweekly/monthly payment thereafter until the total amount of \$\_\_\_\_\_ is paid in full.

Pursuant to Connecticut General Statute section 36a-660c, all outstanding balances must be paid IN FULL no later than 15 months after the execution of this bond. If the principal or indemnitor on this note is more than sixty days in arrears, all outstanding balances must be paid IN FULL immediately. Pursuant to Connecticut General Statute section 36a-660c, if payment due under this note is more than sixty days in arrears regardless of outcome of case, this agent must file a civil action seeking appropriate relief with the court. No Exceptions. May be collected jointly or individually.

FORMS OF PAYMENT: Check, credit card or money order may be accepted. Some fees apply.

Verification of Current or Previous Employment and/or Compensation for:

Employee Name: \_\_\_\_\_

I authorize Afford-A-Bail Bonds on behalf of my employer to release information relative to my employment.

**I authorize the release of the following information (Please check one):**

Dates of employment, employment type, employment status, position and compensation information.

ATTORNEY'S FEES: If this note is given to an attorney for collection or enforcement, or if suit is brought for collection or enforcement, or if it is collected or enforced through probate, bankruptcy, or other judicial proceeding then payer(s) shall pay Afford-A-Bail Bond all costs of collection and enforcement, including reasonable Attorney's fees and court costs in addition to other amounts due.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By signing I agree to pay any cost that may be incurred for late payments.

For monthly invoice check box

Payer #1: \_\_\_\_\_

Payer's Address \_\_\_\_\_

City, State \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

SS# \_\_\_\_\_

Current Employer \_\_\_\_\_

Position \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Phone # \_\_\_\_\_ ext \_\_\_\_\_

Employer address \_\_\_\_\_

Current banking institution \_\_\_\_\_

**Any questions regarding payments please call:**

**860-244-0373**

**Mail payments to:**

**Afford-A-Bail**

**P.O. Box 2192**

**Hartford, CT 06145**

**PLEASE READ BEFORE SIGNING THIS DOCUMENT**