

Payment Plan Agreement



10476 64th Way NE * Albertville * Minnesota * 55301
Toll Free (866) 8286179 * Fax (763) 497-1358

Defendant Name: _____ Date: _____
Bail Amount: _____ Bond Number: _____
Jail: _____

Total Premium Amount: \$ _____
Amount Paid Down: \$ _____
Balance Due: \$ _____

The undersigned promises to pay the **Balance Due** within **7 / 14 / 30 / 60 / 90 Days** (circle one) by making _____ Equal Payment(s) of \$ _____
First payment is due on _____
2nd Payment _____
3rd Payment _____
4th Payment _____
All subsequent payments are due every _____ days there after.

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 described above. I/We understand that if my/our payments are not received within five (5) days after the scheduled due date, I/we can and will be charged a late payment fee of 15% of the payment amount or \$30, whichever is greater. This obligation is payable in full on demand in the event of a forfeiture of the bond, breach of the bond conditions, or failure to make timely payments. All payments will be made to:

A-Alliance Bail Bonds Inc. 10476 64th Way NE Albertville, MN 55301

I/WE HAVE READ AND AGREE WITH THE ABOVE DECLARATIONS:

Print Name: _____ Print Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

Print Name: _____ Print Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

ACKNOWLEDGMENT

STATE OF MINNESOTA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

(Affix Seal Here)

Notary Public
My Commission Expires: _____