



RECEIPT AND STATEMENT OF CHARGES
Bankers Insurance Company, PO Box 15707, St Petersburg, FL 33733

Received From: \_\_\_\_\_ Power No: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Premium: \_\_\_\_\_

Expenses (itemized in detail, such as Notary Fees, Long Distance calls, Travel or other actual expenses)

Misc. Charges: \_\_\_\_\_

Total Charges \_\_\_\_\_

Received on Account: \_\_\_\_\_

Balance \_\_\_\_\_

Was collateral taken [ ] Yes [ ] No

If Yes: [ ] Cash [ ] Real Property [ ] Other \_\_\_\_\_

[ ] Cash [ ] Check \_\_\_\_\_

[ ] VISA [ ] MasterCard \_\_\_\_\_

[ ] Other \_\_\_\_\_

By: \_\_\_\_\_

MEMORANDUM OF BAIL BOND FURNISHED

Defendant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Appearance Date: \_\_\_\_\_ Time: \_\_\_\_\_ Court: \_\_\_\_\_ City: \_\_\_\_\_

Bond Amount: \$ \_\_\_\_\_ Case No. \_\_\_\_\_ Charges: \_\_\_\_\_

State Executed: \_\_\_\_\_ Received Above Receipt: \_\_\_\_\_

BIC9920780505



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