



## 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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