



Watertown Bail Bonds Company (WBBC)

104 Franklin Street Watertown, NY 13601 Office 315.681.6332 Cell 315.965.6437

Credit Card Payment Authorization

Defendant's Name	Bond Amount \$
Jail	Credit Card Number
Name as it appears on card	Expiration Date ____/____
CVC Code	Billing Zip Code
Billing Address	State

I authorize WBBC to charge my credit card in the amount of \$ _____.

State amount in words: _____

In payment of Judicial Services contracted on this _____ day of _____.

Indemnitor's Signature

Agent's Signature

Indemnitor's Printed Name

Agent's Printed Name

____/____/____

____/____/____

Note: Attach a copy of the credit card (front & back) and Card Holder's State issued Drivers License.

Please Fax this completed form to 774.430.7647