affordabail
bail bonds

PROMISSORY INSTALLMENT NOTE & UNPAID PREMIUM AGREEMENT

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

☐ HARTFORD LOCATION
450 Church Street
Hartford, CT 06103

☐ MERIDEN LOCATION
61 West Main Street
Meriden, CT 06451

☐ BRIDGEPORT LOCATION
1227 Main Street
Bridgeport, CT 06606

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, LLC 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, LLC 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/or 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 not 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, this agent must file a civil action seeking appropriate relief with the court.

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

SECURITIES: As security, I (We) have deposited the following:_____
If I (We) do not fulfill our obligation as set forth above, Afford-A-Bail Bonds, LLC may transfer, sell or dispose of any and all security in any manner they may deem necessary to pay any unpaid balance . I (We) understand the value of any security is determined by the amount Afford-A-Bail Bonds, LLC can expeditiously obtain from immediate transfer of same. I (We) further agree to remit to Afford-A-Bail Bonds, LLC immediately upon demand any deficiency balance there may be by transfer of same. I (We) also understand I (We) are responsible for any and all costs incurred as a result of such transfer. I (We) agree that any security deposited may be held or transferred to indemnify Afford-A-Bail Bonds, LLC for any balance owed or that may become owed to them under the bail bonds agreement. I (We) understand I (We) are reasonable for any storage fees incurred for the security deposited.

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, LLC 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_____

Payer #1: _____
Payer's Address_____
City, State _____
Phone (_____)_____
Current Employer _____
Signature _____
SS # _____

Payer #2: _____
Payer's Address_____
City, State _____
Phone (_____)_____
Current Employer _____
Signature _____
SS # _____

Payer #3: _____
Payer's Address_____
City, State _____
Phone (_____)_____
Current Employer _____
Signature _____
SS # _____

Mail payments to:
Afford-A-Bail
P.O. Box 2192
Hartford, CT 06145

Any questions regarding payments please call:
860-7279121

PLEASE READ BEFORE SIGNING THIS DOCUMENT