



www.miamibail.com

Miami-Dade County Bail Bonds

Credit Card Fax Authorization Form

Fax back to 305-326-3331

Date:

Transaction for a Bond on: _____ Book in Number: _____

Name of defendant as it appears on Jail Record

Bond Amount: Detention Center: _____

Name of Jail, City, County and State where defendant is being held.

Name of Cardholder: _____ Email: _____

Your name as it appears on Credit Card

Billing Address: _____ City: _____

State Country: _____ ZIP: **Billing Zip Code Required**

Billing Telephone Number: _____ Cell Number: _____

Card Number: _____ Expiration Date: CCV _____

MMYY

3 or 4 digit code

Card Type: VISA MC DISCOVER AMEX OTHER

Charge Amount: _____ Charge Amount:

Charge Amount in Words

Charge Amount in Numbers

I hereby authorize the above charge to my credit card as indicated.

NOTE: Charges are subject to a processing fee of 3% that will be subtracted from any refund or returns owed, an additional \$150.00 application/posting processing fee may be applied for any cancellation. Premium is fully earned upon the posting of the bond(s) with the jail or court.

Cardholder's Signature: _____ **I Agree to pay the above total according to card issuer agreement.** _____ Date Signed

Copy of Government issued ID

Copy of Credit Card