

Cash Collateral Receipt

Date Received: _____ Received by: _____

Received from: _____

Amount: _____ Form of Payment: _____

Credit Card Approval Number: _____

Address to send refund: _____

I understand that the deposit will be refunded to me ONLY after all of the unpaid balances for any bond where I am the indemnitor or defendant have been paid. I further understand and agree that the funds will not be released until the bond company receives and fully certified copy of the exoneration of bond from the clerk of the court. I understand that the refund will be processed and delivered (through USPS) or refunded to my credit card. I understand that the certification process is a function of the court and not PMSAZ Bail Bonds. I understand that if I do not completely provide all the requested information above or fail to notify PMSAZ of an address change , that my refund may be delayed.

Print: _____

Sign: _____

Copy of Identification