

AUTHORIZATION TO SURRENDER

I/We, _____, as
Indemnitor(s) (herein after called "Indemnitor(s)") on the Bail Bond Power #:
_____ of _____, a defendant bonded
by Accurate Bail Bonds, Inc. Bond was posted in the amount of \$_____ on
the date of _____. As Indemnitor(s) on the above bond I/we authorize
Accurate Bail Bonds, Inc. to arrest and surrender
_____ to the proper authorities. I/we accept and
understand the loss of all premium monies paid for said bonds and further agree to pay
Accurate Bail Bonds, Inc. the fee of \$_____. This fee represents the arrest and
surrender fee of _____.

I/we agree that any and all contracts that pertain to the above bond(s) remain in full force
and all contracts are enforceable until said court exonerates mentioned bond(s).

I/we have read and fully
Understand what I/we are
Signing:

Indemnitor

Date

Indemnitor

Date

Indemnitor

Date

State of _____)ss

County of _____)

Subscribed, sworn to and acknowledged
Before me this _____ day of
_____, 20_____.

My Commission expires

Notary

County