

MTAW INSURANCE COMPANY  
157 Main Street, Greenville, PA 16125  
P.O. Box 806, Greenville, PA 16125  
(800) 245-0366 | Fax (724) 588-8801  
Email: CourtNotices@cfins.com

BAIL PRODUCER (stamp must include name, address, phone no., Email and license no.)

**BAIL BOND PREMIUM RECEIPT AND STATEMENT OF CHARGES**

**RECEIPT NO.:** \_\_\_\_\_

*I understand that the premium owing or paid is fully earned upon the defendant's release from custody. The fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of any premium except as otherwise provided by applicable law (if only) as stated in an addendum attached to the Defendant Bail Bond Application and Agreement and/or Indemnitor Application and Agreement.*

1. Today's Date: \_\_\_\_\_ Date of Defendant's Arrest: \_\_\_\_\_
2. Amount Received: \_\_\_\_\_ Dollars(\$ \_\_\_\_\_)
3. In the form of:  Cash  Check  Money Order  Credit Card  Other: \_\_\_\_\_
4. Payer's Full Name: \_\_\_\_\_
5. Payer's Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)
6. In connection with (a) Bail Bond(s) for Defendant: \_\_\_\_\_  
(Defendant's full name)
7. Bail Bond Amount(s): \_\_\_\_\_ Power Nos (if known) \_\_\_\_\_
8. Date of Defendant's Release on Bail: \_\_\_\_\_
9. Court Name and address: \_\_\_\_\_
10. Date and Time of next required Court Appearance: \_\_\_\_\_
11. Charge(s): \_\_\_\_\_
12. Bail Bond premium: \$ \_\_\_\_\_
13. Itemized expense #1 description: \_\_\_\_\_ \$ \_\_\_\_\_  
(if and as permitted by applicable law)
14. Itemized expense #2 description: \_\_\_\_\_ \$ \_\_\_\_\_  
(if and as permitted by applicable law)
15. Total Charges: (premium plus any itemized expenses shown above) \$ \_\_\_\_\_
16. Amount Paid: \$ \_\_\_\_\_
17. Balance Due: \$ \_\_\_\_\_
18. Was collateral taken?  Yes  No If "Yes", collateral receipt # \_\_\_\_\_

All other documents executed by Defendant, Indemnitor(s), me, or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

Paid by: \_\_\_\_\_ Received by: \_\_\_\_\_  
Payor Signature Payor Name (printed) Producer/Representative Signature Producer/Representative Name (printed)