



POINDEXTER & ASSOCIATES, INC.

GLOBAL PRIVATE INTELLIGENCE

A MEMBER OF THE POINDEXTER GROUP OF COMPANIES

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www.Poindexter-Associates.com

PAYMENT AUTHORIZATION

Contact us to pay by cryptocurrency

Bitcoin / Bitcoin Cash Ethereum Litecoin

\$ _____ Service of Process
\$ _____ Printing (thirty-five cents per page)
\$ _____ Notary (gratis in U.S, \$85 in Puerto Rico & Dominican Republic)
\$ _____ Total

CREDIT CARD/LINE

I authorize the Poindexter Surety Group, Surety One, Janus Assurance Re or any member of the Poindexter Group of Companies to charge my credit line / credit card account \$ _____ (Total listed above), for charges related to the services contracted for this _____ day of _____, 20_____, as well as for recurring annual renewal premium(s) due on bond(s) issued to me or at my request.

Card Holder Name _____ Card Holder Signature _____
Card Number _____ Expiration _____ / _____
CSC (three-digit code found on back of card) _____ or CID (AmEx only; four-digit code found on card front) _____
Billing Address _____ City _____ State _____ Zip Code _____
Card Holder telephone number _____ Card holder e-mail _____

Attach hereto a legible copy or facsimile of your driver license, state or federal issued identification.

FACSIMILE CHECKS

1.) Usage Guidelines

Fax form and check to (919) 834-7039 or emailed to DetectiveOne@Poindexter-Associates.com. Check must be completed in its entirety. Checks missing a complete "pay to", date, written amount, numeric dollar amount, signature, etc., will be rejected. The check, bank name, routing number and account number must be clearly legible.

2.) Authorization

By signing this form you authorize, Surety One, Inc., Poindexter & Associates, Inc., or any entity of the Janus Assurance Re family of companies to initiate an electronic funds transfer from your bank account according to the terms of the check. This means that your check will be converted to an electronic transaction. I hereby authorize Surety One, Inc., Poindexter & Associates, Inc., or any entity of the Janus Assurance Re family of companies to draw an electronic funds transfer from my checking account to pay the attached check.

This payment is drawn on a: Business Checking Account Personal Checking Account Savings Account

Name of Party with Signature authority _____ Date Signed _____

Signature as it appears on bank records _____