

The North River Insurance Company
10777 Westheimer Road, Suite 500 (77042)
P.O. Box 2807 • Houston, Texas 77252-2807
(713) 954-8100 • (713) 954-8389 FAX

RECEIPT FOR COLLATERAL DEPOSITED

CONTROL NO. _____

DATE _____ NO. _____

Received from:

DEPOSITOR NAME _____ PHONE NO. _____

ADDRESS _____

as security for the execution of this Bail Bond written in the sum of \$ _____

on behalf of defendant _____

the following described collateral _____

Collateral maintained in custody of agent managing agent BY (Print Name) _____

AGENCY NAME _____ (Signature) _____

Said collateral is deposited as security for the payment of any sums which may become due to the Agency or "Surety" by the terms of the Bail Bond Agreement executed for said Bond(s) by the said Depositor and Indemnitors, all of the terms of which are made a part of this receipt by this reference.

Use of collateral or premium receipt forms other than those authorized by The North River Insurance Company is prohibited. The North River Insurance Company is not responsible for case or other valuables in connection with this bond unless listed in the appropriate collateral portions of this form. Collateral will be returned only to depositor. No collateral will be returned until the Court has furnished written evidence the bond has been exonerated and this receipt is returned.

The above conditions are understood and agreed to _____

DEPOSITOR SIGNATURE

ADDRESS

DEPOSITOR SIGNATURE

ADDRESS

RECEIPT FOR RETURN OF COLLATERAL

DATE RETURNED _____

RETURNED BY: _____ RECEIVED BY: _____

AGENT SIGNATURE

DEPOSITOR SIGNATURE