

**FINANCIAL CASUALTY & SURETY, INC.**

A Texas Bail Insurance Company  
P.O. Box 4479 Houston, TX 77210-4479  
877.737.2245 • Fax 713.580.6401

**RECEIPT FOR COLLATERAL DEPOSITED**

DATE: \_\_\_\_\_ Power No: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Received of: (Name of Depositor) \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**As security for the execution of this Bail Bond written in the sum of \$ \_\_\_\_\_  
on behalf of the defendant the following described is collateral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

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

FINANCIAL CASUALTY & SURETY, INC. will not be responsible for cash or other valuables in connection with this bond unless listed in the appropriate collateral portion of this form.

The above conditions are agreed to:

\_\_\_\_\_  
(DEPOSITOR)

\_\_\_\_\_  
(DEPOSITOR)

**RECEIPT FOR RETURN OF COLLATERAL**

**The undersigned hereby surrenders the original of this collateral receipt and acknowledges the return and receipt of all collateral listed above. The collateral has been returned in good and sufficient condition and the depositor(s) hereby relieves the agent and the surety company from any further liability or responsibility in relation to the collateral.**

Depositor: \_\_\_\_\_

Address: \_\_\_\_\_

RETURNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCEPTED BY: (Depositor Signature) \_\_\_\_\_

ACCEPTED BY: (Depositor Signature) \_\_\_\_\_