

The North River 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



Stamped Name, Agency Name, Address, Phone Number  
and License Number of The Bail Bonding Agent

## **DEFENDANT AUTHORIZATION FORM**

Defendant Name: \_\_\_\_\_

Name of Bail Agent: \_\_\_\_\_

Name of Bail Bond Company: \_\_\_\_\_

By signing my name below, on this date, I authorize the Bail Bond Agent named herein to execute bail bonds on behalf of myself or the person I represent. I understand that this will begin the bail bond process.

**NOTE:** If I am signing this form as a duly designated representative of the Defendant, I certify that I am at least 18 years of age and that I have full permission of the Defendant to enter into this agreement.

\_\_\_\_\_  
**Signature** of Defendant or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Printed Name** of Authorized Representative (if applicable)

\_\_\_\_\_  
**Signature** Bail Agent

\_\_\_\_\_  
Date

Bail Agent License Number: \_\_\_\_\_