

Seneca 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: _____