

# Georgia Bail Bonds, LLC.

## AUTHORIZATION TO RELEASE SECURITY DEPOSIT

I, \_\_\_\_\_, (Person filling in this form) paid for bond in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ (Clients name or person that is in Jail) To Georgia Bail Bonds, LLC. In the above referenced case, and hereby authorize that the amount of the security deposit that is being held is to be released to \_\_\_\_\_ (Name of person, business or attorney)

Address \_\_\_\_\_

Phone \_\_\_\_\_ to cover any fines, Attorney fees, court cost and any other associated fees.

Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

"In Jail We Bail, Quick & Simple"

**GEORGIA BAILBONDS LLC**  
1031 Franklin Street \* Darien, Georgia 31305 \*  
912-437-6817 Office\* 912-437-6798 Fax

[Bondsman357@gmail.com](mailto:Bondsman357@gmail.com)