



DEMAND PROMISSORY NOTE

\$ _____ Date: _____

On forfeiture of bond for _____ \$ _____ Dollars, for value received I, We, or either
(Defendant)

of us, jointly and severally, promise to pay to the order of **New Mexico Bonding 721 5th st nw Albuquerque, NM 87102** the sum of \$ _____ Dollars in lawful Current Money of the United States of America, with interest from date at the rate of 21 percent annum until paid, payable on demand _____ 5 Days _____ In like Lawful Current Money, and if not paid as it becomes due, to be added to the principal and become a part thereof and to bear interest at the same rate.

(Co-Signer)

(Defendant)

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any officer of NM BONDING, bearing this release, or any copy thereof, within eight years of its date, to obtain any information in the files of the department of Human Services, The Social Security Administration, SSI, Postal Service records, Telephone records from local and long distance carriers, employment records including, but not limited to academic achievement, attendance, athletic, personal history, medical records, credit records, credit history, rental office, pawn shop and any other record normally covered by the Freedom of Information Act. I hereby direct you to release such information upon request of the bearer of this sheet. This release is executed with full knowledge and understanding that this information is for the official use of NM BONDING. Consent is granted for NM BONDING to furnish such information as is described to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as custodian of such records, and any school, college, university, medical or other repository medical records, credit bureau, lending agencies, consumer reporting agencies, retail establishments, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

I waive any and all rights to privacy granted by, but not limited to, the 1989 Right to Privacy Act, the Fair Credit Reporting Act, or any and all legislation be if federal, state, or local.

(Co-Signer)

(Date)

(Defendant)

(Date)

(Social Security Number)

(Social Security Number)

(Date of Birth)

(Date of Birth)

I agree to check in weekly in the following manner:

X By **PHONE** at **(505) 243-5245** beginning on: _____ (Between 9am-5pm)

I further understand that if I fail to check in as per this agreement, **NEW MEXICO BONDING** will have no choice but to assume that I do not intend to fulfill my obligations to them as a person being out on bond. They will therefore go off my bond, **have me arrested and placed back in jail.**

(Defendant)

(Date)

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KNOW MY OWN COURT DATES

FOR COURT DATE INFORMATION

METRO (505) 841-8151/ DISTRICT (505) 841-7542