

Department of Financial Institutions, Division of Consumer Services  
P.O. Box 41200, Olympia, WA 98504-1200  
**WASHINGTON STATE DEPOSITORY INSTITUTIONS ONLY**  
ASSIGNMENT OF ACCOUNT OR TIME DEPOSIT

**NOTE: This account will not be released until ONE YEAR AFTER the license has been suspended, revoked, expired, surrendered. The director must receive an audited financial statement from any licensee whose license has been suspended or revoked, prior to release of this assignment.**

This assignment is for the purpose of fulfilling the requirement of RCW 31.45, on behalf of (check seller/small loan company name) \_\_\_\_\_ . The undersigned does hereby assign, transfer and set over unto the State of Washington, Department of Financial Institutions all right, title and interest in and to \$ \_\_\_\_\_ ( \_\_\_\_\_ thousand and no/100 Dollars) of Account No. \_\_\_\_\_, in the (bank name) \_\_\_\_\_ with full power and authority to demand, collect and receive said deposit and give receipt and acquittance therefore for the uses and purposes prescribed by said RCW 31.45.

It is understood and agreed that (bank name) \_\_\_\_\_ holds the said savings account or time deposit in its possession and agrees to hold \$ \_\_\_\_\_ until a release of this assignment is received from the State of Washington, Department of Financial Institutions. It is further understood that this assignment is not subject to judgements. The deposit will be released to the State of Washington, Department of Financial Institutions after 30 days notice on demand and with no other conditions of release.

Signed and dated at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Print/Type Depositor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

**ACCEPTANCE (to be completed by authorized bank personnel)**

**Account Number:** \_\_\_\_\_ **In the Amount of: \$** \_\_\_\_\_ **Date:** \_\_\_\_\_

The undersigned hereby accepts the foregoing assignment of account or time deposit and agrees to hold the funds until an authorized release is received from the State of Washington, Department of Financial Institutions.

\_\_\_\_\_  
Signature of Authorized Bank Representative

\_\_\_\_\_  
Print/Type Name & Title of Bank Representative

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City State Zip

**SIGNATURE OF AUTHORIZED BANK PERSONNEL MUST BE NOTARIZED**

I certify that I know or have satisfactory evidence that (bank representative's name) \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument, and acknowledged it as the authorized representative of the Washington state depository institution named herein, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

\_\_\_\_\_  
signature of Notary Public date  
Notary Public in and for the State of Washington

notary seal here

County of \_\_\_\_\_

My appointment expires: \_\_\_\_\_