

**ASSIGNMENT OF SAVINGS ACCOUNT**

This assignment is for the purpose of fulfilling the requirements of Chapter 20.01 RCW. The undersigned does hereby assign, transfer, and set over unto the Director of Agriculture of the state of Washington, all right, title and interest in and to the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) of Savings Account No. \_\_\_\_\_ in the name of (Depositor) \_\_\_\_\_ with full power and authority to demand, collect and receive said deposit and to give receipt and acquittance therefore, for the uses and purposes prescribed by said Chapter 20.01. It is understood and agreed that (Bank) \_\_\_\_\_ holds the passbook covering said account in its possession and agrees to hold \$ \_\_\_\_\_ until a release of this assignment from the Director of Agriculture of the state of Washington is received. It is further understood that this assignment is subject to judgments which may be rendered against the (Business Name) \_\_\_\_\_ and in accordance with the provisions of Chapter 20.01. The deposit will be released to the Director of Agriculture of the state of Washington within 30 days on demand and with no other condition of release. Such assignment shall continue for a period of four (4) years subsequent to the date of termination of the licensee's license in accordance with RCW 62A.2-725 if the licensee does not furnish adequate proof that no valid claim may exist against such assigned funds.

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

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

\_\_\_\_\_  
Address

**ACCEPTANCE**

The undersigned hereby accepts the foregoing Assignment of Savings Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**Please return completed form to:**  
Department of Agriculture  
Agricultural Investigations Program  
PO Box 42560  
Olympia WA 98504-2560  
**Questions?** phone (360) 902-1857 or  
e-mail: [commerch@agr.wa.gov](mailto:commerch@agr.wa.gov)

\_\_\_\_\_  
Signature of Authorized Personnel

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