

Mail original completed form to:

Department of Labor and Industries
Contractor Registration
PO Box 44450
Olympia WA 98504-4450

**Assigned Savings Account
Washington State Banks Only**

This assignment is for the purpose of fulfilling the requirement of RCW 18.27.040.

The undersigned does hereby assign, transfer and set over unto the state of Washington all rights, title and interest with full power and authority to demand, collect and receive said deposit. The deposit will only be released as directed by the Department of Labor and Industries within 30 days notice on demand and with no other conditions of release.

ASSIGNED SAVINGS ACCOUNT INFORMATION

To be completed by Bank Officer

BUSINESS NAME: _____

ACCOUNT NUMBER: _____

AMOUNT OF ACCOUNT BEING HELD: _____

NAME OF BANK: _____

BANK MAILING ADDRESS: _____

Mailing address

City State Zip Code

DEPOSITOR: (Print name) _____

SIGNATURE OF DEPOSITOR: _____ DATE: _____

ACCEPTANCE

The undersigned hereby accepts the foregoing assigned savings account and agrees to hold the funds until an authorized release is received by the Department of Labor and Industries

SIGNATURE OF BANK OFFICER: _____ DATE: _____

BANK PHONE NUMBER: _____

BANK OFFICER: (Print name) _____

TITLE: _____

NOTARIZATION OF BANK OFFICER

Notary Seal

State of Washington Signed or attested
County of _____ before me on _____

By _____ Signature _____
Printed name of Bank Officer Notary Signature

My Commission expires: _____

A cash deposit must remain on file with the Department of Labor and Industries for two years after your registration expires.