



Farm Labor Contractor Assignment of Account or Time Deposit

Farm Labor Unit
 PO Box 44510 www.Lni.wa.gov/FarmLabor
 Olympia WA 98504-4510 1-866-219-7321 / 360-902-5316

This assignment is for the purpose of fulfilling the requirements of [RCW 19.30.040](#). The undersigned does assign, transfer, and set over unto the State of Washington all rights, title, and interest in and to \$ _____ (_____ thousand and no/100 dollars) of account number _____ in the

_____ in the name of _____
 (Bank Name) (Assignor)

with full power and authority to demand, collect, and receive said deposit and to give receipt and release for the uses of purposes prescribed by said [RCW 19.30.040](#).

It is understood and agreed that _____ holds this savings
 (Bank Name)
 account or time deposit in its possession and agrees to hold \$ _____ until a release of this assignment is received from the State of Washington. It is further understood that this assignment is subject to judgements which may be rendered against _____ in accordance with the provisions of [RCW 19.30](#). The deposit will be released to the State of Washington after 30 days notice on demand with no other condition of release.

Signed and date at _____, Washington this _____ day of _____, 20 _____.

To be completed in front of a Notary Public

Print Name of Depositor	Signature of Depositor	
Address of Depositor		
City	State	Zip Code

Acceptance (to be completed by bank personnel)

The undersigned 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.

Account Number	In the Amount of \$ _____	Date
Print Name of Authorized Bank Personnel	Signature of Authorized Bank Personnel	
Address of Bank	Bank Phone Number	
City	State	Zip Code

Notary Seal

Subscribed and sworn to before me on this date:	My Commission expires
Notary Public Signature	Residing at: