

**Mail completed forms 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](#).

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

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 directly by the Department of Labor and Industries within 30 day notice on demand and with no other conditions of release.

UBI Number: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**Assigned Saving Account Information** (To be completed by bank officer.)

Business name:	_____		
Name of bank:	_____		
Account number:	_____		
Amount of account being held:	_____		
Bank mailing address	_____		
	City	State	Zip Code
Depositor (print name):	_____		
Signature:	_____		Date

**Acceptance:**

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

Bank Officer (print name):	_____		
Title:	_____		
Bank phone number:	_____		
Signature of bank officer:	_____		Date

**Notarization of Bank Officer:**

Notary signature \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT