

Financial Casualty & Surety, Inc. fcs

The Bail Insurance Company
P. O. Box 4479
Houston, TX 77210-4479
877.737.2245 • Fax 713.580.6401

**ASSIGNMENT OF
SAVINGS ACCOUNT/
CERTIFICATE OF DEPOSIT**

Know All Persons by These Presents: For value received, and as collateral security on any and all bonds written on behalf of:

the undersigned hereby assigns, transfers and conveys unto **FINANCIAL CASUALTY & SURETY, INC.** of Texas

its _____ No. _____ in _____
Account Type Name of Depository
at _____
Address of Depository

to the extent of: \$ _____ of said account, and as further evidence thereof there is being delivered contemporaneously herewith the original _____ of the undersigned in said Depository together with a duly executed withdrawal order for the said amount hereinbefore assigned. The Depository is hereby ordered to pay the entire proceeds of said account to **FINANCIAL CASUALTY & SURETY, INC.** upon its demand, and the undersigned hereby waives any and all right of recourse against the Depository in connection with any such payment.

This Assignment is executed in duplicate and it shall remain in full force and effect until the said **FINANCIAL CASUALTY & SURETY, INC.** of Texas, has been fully indemnified and reimbursed for all loss, cost, premium and expense, and until all liability has terminated, upon the bond or bonds hereinbefore described. No change or termination of this agreement shall be valid unless consented to in writing by **FINANCIAL CASUALTY & SURETY, INC.**

Dated _____

State of _____ }
County of _____ } ss.

Owner

Owner

On this _____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is subscribed to this instrument, and acknowledged that he / she / they executed it.

Notary Public

ACCEPTANCE OF NOTICE BY DEPOSITORY

The undersigned Depository acknowledges receipt of the foregoing assignment, and agrees that its rights to any offset against this account are waived, and agrees to abide by its terms, this _____ day of _____ at _____ o'clock, _____ M.

AFFIX DEPOSITORY STAMP

Name of Depository
By: _____

Title of Officer