



Port Of Klickitat

154 E Bingen Point Way Ste. A
Bingen, WA 98605
509-493-1655

Assignment of Account or Certificate of Deposit

This assignment is for the purpose of meeting the requirements described in the lease agreement between Klickitat County Port District No. 1 and the lessee identified herein:

Lessee: _____

Address: _____ Contact: _____

City: _____ State: ____ Zip: _____ Phone: _____

Type: Account Certificate of Deposit

Bank/Branch: _____

Account No.: _____ Amount: _____

Address: _____ Contact: _____

City: _____ State: ____ Zip: _____ Phone: _____

The undersigned, on behalf of Lessee, does hereby assign, transfer, and set over unto Klickitat County Port District No. 1 all right, title, and interest in and to the Account or Certificate of Deposit identified above, held by Bank in the name of Lessee and in the amount shown, with full power and authority to demand, collect, and receive all funds held in same and to give receipt and acquittance therefore, for the purposes described in the lease agreement and RCW 53.08.085. Lessee does hereby agree Bank shall hold, as trustee, the Account or Certificate of Deposit identified above in the amount shown until released by Klickitat County Port District No. 1. Interest shall be payable to Lessee.

Signature: _____ Date: _____

Name: _____ Title: _____

MAIL OR DELIVER THIS FORM WITH ORIGINAL SIGNATURES TO THE PORT AT THE ABOVE ADDRESS
PHOTOCOPIED FORMS OR FORMS RECEIVED BY FAX OR E-MAIL WILL NOT BE ACCEPTED

Bank Acceptance

(BANK USE ONLY)

The undersigned, on behalf of Bank, does hereby accept the foregoing assignment for the Account or Certificate of Deposit identified above, held by Bank in the name of Lessee and in the amount shown above, and agrees to hold same in accordance with the terms of the lease agreement and for the sole benefit of Klickitat County Port District No. 1 until released by same in writing. Bank shall, upon thirty (30) days written demand by Klickitat County Port District No. 1, release to same all funds held in the Account or Certificate of Deposit (subject to early withdrawal penalties). It is further understood that this assignment is not subject to any judgments that may be rendered against Lessee.

Signature: _____ Date: _____

Name: _____ Title: _____

ASSIGNMENT IS NOT VALID UNLESS ACCEPTED BY THE BANK

Port Release

(PORT USE ONLY)

The undersigned, on behalf of Klickitat County Port District No. 1, does hereby release this assignment for the Account or Certificate of Deposit identified above and held by Bank in the name of Lessee and in the amount shown above.

Signature: _____ Date: _____

Name: _____ Title: _____