

Hold agreement for Assignment of Deposit Account Performance Security

Customer/Assignor:	
Address	
City, State Zip	
Phone Number	
TIN:	

This hold agreement is for the purpose of fulfilling one of the requirements of Clark County and covers the period beginning on _____ (Date) and ending on _____ (Date). The above named Assignor does hereby assign, transfer and set over unto Clark County, Washington (Assignee) all right, title and interest in and to the Deposit Account noted below:

Deposit Account Number:	
Amount in Words and Numbers:	
Description of improvements covered:	

with full power and authority to demand, collect, and receive said Deposit Account(s) and to give receipt and acceptance thereof, for the uses and purposes to make/install improvements and/or repairs described above.

It is understood that _____ (Bank Name and Address) will hold the above listed Deposit Account and amount required until a written release of this assignment is received from Clark County, Washington (Assignee).

Authorized Signature of Depositor (Assignor): _____ Date _____

Name and Title (Print) _____

Acceptance by the Bank

The undersigned hereby acknowledges the foregoing hold agreement and agrees that said Deposit Account will be held for the uses and purposes above stated until the assignee provides a written signed release.

Authorized Bank Signature: _____ (Notary Seal) Date _____

Name and Title (Print) _____

Bank Name: _____

Address: _____

City, State Zip Code: _____