

# TOM GREEN COUNTY ASSIGNMENT OF CERTIFICATE OF DEPOSIT FOR INSURANCE COMPANIES

Please **print** the information below.

ASSIGNOR NAME	AGENT & BAIL BOND COMPANY NAME	ASSIGNOR BAIL BOND LICENSE NUMBER
CD NUMBER	CD AMOUNT	CD DATE
CD BANK NAME	CD BANK ADDRESS	

The holder (cited above) hereinafter called "Assignor", does hereby assign and set over to the Treasurer of TOM GREEN County, Texas, all right and title, of whatever nature, of Assignor, in and to the insured account cited above of Assignor, evidenced by a certificate of deposit / time deposit as cited above. Assignor agrees that this assignment carries with it the right to the assurance of the amount by the FDIC and includes and gives the right to the Treasurer of TOM GREEN County to present for payment the certificate of deposit / time deposit cited above if the Assignor fails to pay a final judgment on a forfeiture of a bail bond executed by the Assignor in TOM GREEN County not later than the 30<sup>th</sup> day after the date of the final judgment, as required by the Texas Occupations Code Chapter 1704; or, if the Assignor ceases to engage in the bonding business in TOM GREEN County and ceases to maintain the license number cited above. This assignment is valid as to all renewals of said certificate of deposit / time deposit. The certificate of deposit / time deposit becomes the property of the TOM GREEN County Treasurer if not renewed.

***This document must be accompanied by a letter of acknowledgement, printed on company letterhead, of its intent to do business as \_\_\_\_\_ (bail bond company name) in TOM GREEN County, Texas.***

\_\_\_\_\_  
ASSIGNOR /SURETY SIGNATURE

*Affix Notary Seal*

\_\_\_\_\_  
Notary Public in and for the County of \_\_\_\_\_  
and the State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

# TOM GREEN COUNTY RECEIPT FOR NOTICE OF ASSIGNMENT FOR INSURANCE COMPANIES

Please **print** the information below.

ASSIGNOR NAME	AGENT & BAIL BOND COMPANY NAME	ASSIGNOR BAIL BOND LICENSE NUMBER
CD NUMBER	CD AMOUNT	CD DATE
CD BANK NAME	CD BANK ADDRESS	

Receipt (by the bank cited above) is hereby acknowledged to the Treasurer of TOM GREEN County, Texas, of written notice of the assignment to said Treasurer of the certificate of deposit / time deposit number cited. The bank has ***noted in our records the importance of the certificate of deposit / time deposit as shown by this assignment and shall not release the same without the approval of the Treasurer.*** We certify that we have received no notice of any lien, encumbrance, hold, claim or obligation of the referenced certificate of deposit / time deposit prior to the assignment to the Treasurer of TOM GREEN County. We agree to make payment by mail upon request by the Treasurer of TOM GREEN County, Texas to the Treasurer, pursuant to the Texas Occupations Code Chapter 1704. We agree that this certificate of deposit / time deposit and the renewals thereof are excluded from any claim of set off or other claim arising from any debt owed to the Bank by the Assignor. This lien on the certificate of deposit / time deposit is valid until released in writing by the TOM GREEN County Bail Bond Board. The certificate of deposit / time deposit becomes the property of the TOM GREEN County Treasurer if not renewed. The Bank will not alter the original structure of the certificate of deposit / time deposit nor add an addendum to the deposit agreement without the written consent of the TOM GREEN County Bail Bond Board.

The Bank agrees that any litigation involving this certificate of deposit / time deposit will be governed by the laws of the State of Texas and will have as venue TOM GREEN County, Texas.

**Assignor agrees not to encumber this certificate of deposit / time deposit in any way. Assignor hereby notifies the above-named bank of the assignment.**

***This document must be accompanied by a letter of acknowledgement, printed on bank letterhead, of its intent to hold this surety for \_\_\_\_\_ (insurance company name) doing business in TOM GREEN County, Texas.***

\_\_\_\_\_  
**PRINTED** NAME AND TITLE OF BANK OFFICER

\_\_\_\_\_  
**SIGNATURE** OF BANK OFFICER

\_\_\_\_\_  
**PRINTED** NAME AND TITLE OF WITNESS

\_\_\_\_\_  
**SIGNATURE** OF WITNESS

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

*Affix Notary Seal*

\_\_\_\_\_  
Notary Public in and for the County of \_\_\_\_\_

and the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_