



MISSOURI DEPARTMENT OF INSURANCE,  
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
**ACKNOWLEDGEMENT OF ASSIGNMENT**

P.O. BOX 690  
 JEFFERSON CITY, MO 65102-0690  
 TELEPHONE: (573) 751-3518

NAME OF GENERAL BAIL BOND AGENT APPLICANT

The undersigned bank acknowledges the Assignment in the amount of Ten Thousand Dollars (\$10,000.00)/Twenty Five Thousand Dollars (\$25,000.00) and the interest of the State of Missouri in the deposit to which the Assignment refers. **(Please circle amount.)** The amount on deposit is now \_\_\_\_\_ Dollars (\$\_\_\_\_\_). The undersigned bank knows of no other claim against the account.

**Account Certificate No.** \_\_\_\_\_

|                                |           |  |                  |
|--------------------------------|-----------|--|------------------|
| DATE                           | BANK NAME |  |                  |
| BANK LEGAL AND MAILING ADDRESS |           |  | TELEPHONE NUMBER |
| BY (SIGNATURE)                 | TITLE     |  |                  |

**RELEASE OF ASSIGNMENT**

Please take notice that the State of Missouri hereby releases and relinquishes all its right, title and interest in the account of \_\_\_\_\_ evidenced by account, certificate number(s) of your bank.

|  |      |
|--|------|
| DIRECTOR, MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION (SIGNATURE) | DATE |
|--|------|