



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**ACKNOWLEDGEMENT OF ASSIGNMENT**

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

NAME OF GENERAL BAIL BOND APPLICANT

The undersigned bank acknowledges the above 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, passbook, certificate number(s) of your bank.

DIRECTOR, MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE (SIGNATURE)	DATE
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