		ompliance with	
Arizona R	•	•	
	Crisca Olalaica	\$	
Section: 🔲 42-1102	42-5006	42-5007	
Name			
treet Address			
County State	Tele	ephone Number	
ereinafter referred to as ASSIGNOR, does hereby assign and tra eferred to as the Department of Revenue, all right, title and inter ut not in the interest hereinafter accruing, in the insured accou	rest of any kind wha		
	Financial Institution	on	
Vhose Address			
Vhose Address Street Address		City	
arizona, as evidenced by an account in the amount of			dollars
\$), identified by account number nsured by the Federal Deposit Insurance Corporation or the Federal ssignor has an unimpaired ownership of or right to the proceed or Arizona tax liability incurred while operating a licensed bus	deral Savings and L ls in the aforementi	oan Insurance Corporation oned account. This assig	on. Assignor states that the gnment is given as security
Dated this day of	, 20	, at	, Arizona
	Name and Title	2	
	Signature	of Assignor	
First Endorsement - Rec Receipt is hereby acknowledged to the Department of Revenue Revenue, of written notice of the assignment to said Departmet ecords to show the interest of the Department of Revenue in said copy of this document. We hereby certify that we have not old claim or other obligation against the above-identified accor- ereby waive any current and future right of set-off against suc f Revenue in accordance with applicable laws.	e of the State of Ar nent of Revenue of id account as shown t received nor will ount prior to its assi th account. We agree	izona, hereinafter referre the above-identified acc in and by the assignmen we honor any future no ignment to the Departme ee to make payment as r	count. We have noted our nt above. We have retained ptice of lien, encumbrance, ent of Revenue. We futher equired by the Department

Name of	Financial	Institution
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By:

Signature of Officer of Financial Institution

Subscribed and sworn to before me this ______ day of ______, 20_____,

Notary Public

Title:

Second Endorsement - Receipt for Security and Direction to Pay Earnings

Receipt is acknowledged of the assignment above and the account identified in the assignment above. The financial institution named in the assignment above is hereby authorized and directed to pay any earnings on the above-identified account to the above-name assignor. .

Dated this	day of	, 20 , at	, Arizona
		Arizona Dopartment of Payanua	

Arizona Department of Revenue Director or authorized representative

By: ____

PLEASE COMPLETE ALL INFORMATION

Mail Original Document To: Arizona Department of Revenue, Bond Officer, 1600 W. Monroe, Phoenix, AZ 85007.