

MONTANA DEPARTMENT OF AGRICULTURE
AGRICULTURAL SCIENCES DIVISION
302 N. ROBERTS ST.
PO Box 200201
HELENA, MONTANA 59620-0201

**CERTIFICATE OF DEPOSIT
ASSIGNMENT AGREEMENT**
Commodity Dealer/Warehouse Operator
ARM, 4.12.1022

CONDITIONS:

- 1) A Certificate of Deposit must be in the amount as prescribed by law.
- 2) A license will not be issued until the actual Certificate of Deposit and completed assignment agreement are received by the Department of Agriculture.
- 3) All Certificates of Deposit must be issued from FDIC or FSL insured banking institutions.
- 4) A Certificate of Deposit may be automatically renewable, or for a single maturity. A single maturity CD must be for a term of one (1) year or less. The department will not release a CD prior to 120 days post license termination.

INSTRUCTIONS:

- 1) The bank of choice must complete the Certificate of Deposit Information on this form.
- 2) Have the Certificate of Deposit made out to the Montana Department of Agriculture. The interest earned may be credited to the purchaser of the CD.
- 3) Notarize the authorized signature.
- 4) Submit the actual Certificate of Deposit and the original assignment agreement to the Montana Department of Agriculture at the address shown above. A copy of the agreement should be sent to the purchaser.

FIRM NAME, DBA, & ADDRESS

In consideration of the provisions of Title 80, chapter 4, MCA, the above named licensee hereby assigns all rights and title of the Certificate of Deposit described below to the Montana Department of Agriculture. Earned interest may be paid directly to the named licensee, however, the State Department of Agriculture is entitled to negotiate this instrument, or any portion thereof, in the event the above Licensee fails to comply with all provisions of the license granted. The State Department of Agriculture shall retain possession of the original Certificate of Deposit until such time as release is made in accordance with state codes and rules. This assignment will remain in effect until released in writing by the Montana Department of Agriculture. The bank is hereby authorized to pay over the proceeds of the Certificate of Deposit to the Montana Department of Agriculture upon presentment and the above named firm hereby waives any and all claims against the bank for doing so.

BANK NAME & ADDRESS

CERTIFICATE NUMBER

CERTIFICATE AMOUNT

*I certify that
I am authorized to
bind this agreement
for the named firm.*

APPLICANT SIGNATURE

TITLE

DATE

BANK OFFICER'S SIGNATURE

TITLE

DATE

SEAL

STATE OF MONTANA

County of _____

Signed and sworn before me, this _____ day of _____, 20____.

/S/ _____

NOTARY PUBLIC for the State of Montana

Residing at: _____

My Commission expires: _____