## **CITY OF SAMMAMISH**

801 - 228<sup>th</sup> Avenue SE Sammamish, WA 98075-9509 425-295-0500 Fax 425-295-0600 www.sammmamish.us



## **ASSIGNMENT OF FUNDS**

Pro	ject Name: File Number:		
Location/Address of Project:  Financial Institution:			
The	e above-referenced Bank hereby certifies that the sum of \$is on deposit with the Bank in		
Acc	count Number under the name of		
	to secure for The City of Sammamish the		
APF	PLICANT'S performance of certain work and conditions required in connection with the above-referenced project.		
THE	E CONDITION OF OBLIGATION is that:		
1.	The APPLICANT has executed an "AGREEMENT" entitled"		
	copy of which is attached hereto and incorporated herein by this reference.		
2.	Under the provisions of the AGREEMENT, the APPLICANT is required to furnish a guarantee to secure the APPLICANT'S		
	compliance with the terms of the AGREEMENT.		
IT IS	S FURTHER EXPRESSLY PROVIDED that:		
1.	The Bank hereby certifies and agrees that these funds will not be released without written instructions from an		
	authorized agent of The City of Sammamish. This Assignment of Funds is irrevocable and may not be terminated or		
	cancelled by the APPLICANT or Bank for any reason except upon specific written instructions from The City of		
	Sammamish.		
2.	The Bank agrees that these funds will be paid to The City of Sammamish within 10 days of receiving written notice that		
	The City of Sammamish has determined that requirements of the AGREEMENT have not been satisfactorily performed		
	within applicable time limits or that required fees have not been paid. The Bank shall have no duty or right to evaluate		
	the correctness or appropriateness of such notice or determination by The City of Sammamish and shall not interplead		
	or in any manner delay said payment of funds to The City of Sammamish. Any unexpended funds shall be returned to		
	the APPLICANT upon completion of the terms of the AGREEMENT.		
3.	The obligations of the Bank and APPLICANT shall not be discharged and shall remain in effect in the event of any		
	extension of time for the APPLICANT'S performance of the AGREEMENT or of any amendment of the engineering plans		
	used for construction of the project. The Bank hereby waives notice of any such extensions or amendments.		

The APPLICANT'S obligation to perform the work or pay fees and other amounts is not limited to the amount of this

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Assignment of Funds.

BANK OFFICIAL:		BANK'S MAILING ADDRESS:	
(Signature) (Date)			
(Print Name)	<u> </u>	Phone Number	
(Email Address)			
State of Washington, County of King I certify that I know or have seen satisfactor signed this instrument and acknowledges this instrument.	ry evidence that t to be his/her free a	(Bank Official) and voluntary act for the uses and purposes mentioned in	
(Notary Seal or Stamp for	Dated:		
Bank Official's Signature)	Signature of N	otary Public:	
	Title:		
	My appointme	nt expires:	
guarantees after a change of ownership APPLICANT:		onsibility to arrange for replacement of any/all financial  APPLICANT'S MAILING ADDRESS:	
(Signature) (Date)			
(Print Name)		Phone Number	
(Email Address)			
State of Washington, County of King I certify that I know or have seen satisfactory evidence that			
(Notary Seal or Stamp for	Dated:		
Applicants Signature)	Signature of N	Notary Public:	
	My appointme	ent expires:	