

**NOTE: The Department shall not accept for filing a Seller of Travel Certificate of Deposit Assignment which is not printed on the official letterhead of the acknowledging depository.**

## Sellers of Travel Certificate of Deposit Assignment Form

\_\_\_\_\_  
(Legal name of person applying for Seller of Travel License, Assignor, does hereby assign, transfer, and set over unto the Florida Department of Agriculture and Consumer Services, Assignee, all right, title, and interest to and in Certificate of Deposit Number entitled \_\_\_\_\_ and issued by \_\_\_\_\_  
(Name and address of Depository), Depository, in the amount of \$ \_\_\_\_\_, excluding interest payable thereon. This assignment is made as security pursuant to Sections 559.926-559.939, Florida Statutes, the Florida Sellers of Travel Act, for \_\_\_\_\_ (Legal Name and address of Seller of Travel) This assignment includes any substitution or renewals to the Certificate of Deposit described, and shall remain in effect until Assignee notifies Depository in writing of the cancellation of this assignment.

Assignee is authorized to draw against the above Certificate of Deposit pursuant to the Florida Sellers of Travel Act, and Depository is directed to pay up to the Principal Sum to Assignee upon demand. Partial draft is permitted. Any payments made pursuant to this assignment shall constitute acquittance of Depository. Depository shall not pay any portion of the Principal Sum to Assignor without prior written cancellation of this assignment from the Assignee. This Certificate of Deposit may not be encumbered in any way, and any attempted encumbrance is void.

\_\_\_\_\_  
Signature of Assignor

\_\_\_\_\_  
Date

### Depository Acknowledgement of Assignment

The Assignor's signature above compares correctly with our files. Principal Sum is \$ \_\_\_\_\_, and the above assignment will be considered valid and honored until written cancellation is received from Assignee.

**Depository Name:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Name of Authorized Depository Officer:**

**Title of Authorized Depository Officer:**

\_\_\_\_\_  
Signature of Authorized Depository Officer

\_\_\_\_\_  
Date