



Directions for Use of the Collateral Assignment of CD Form

The Collateral Assignment of CD Form is to be completed fully when offering a Time Deposit for surety obligations related to the requirements of the Stormwater Management Ordinance. The assignment has two components and is as follows:

Bank Cover Letter – The bank must provide a cover letter with the following information shown in the example. The letter must be on Bank Letterhead and signed by a bank executive authorized to provide such documents.

Collateral Assignment of CD Form – The form must be filled out in its entirety. Incomplete forms will not be accepted. Pertinent information such as project number may be obtained by contacting the stormwater administrator. Administrator contact information is listed below. A copy of the receipt for the certificate of deposit should be attached. The county does not release or make available to the public documents which contain sensitive financial information. Facsimile or copies are not acceptable as surety. Original documents are required. The administrator will accept and review draft copies of the agreement if requested prior to securing the actual certificate of deposit.

Word Documents – An editable version of this document may be obtained electronically from the administrator upon request.

Please contact the administrator for assistance in the completion of these documents or if you have questions regarding completion of the forms or process.

Stormwater Administrator
Buncombe County Planning Department
46 Valley Street
Asheville, NC 28801
(828)250-4830



(This letter must be on Bank Letterhead)

<Date>

Stormwater Administrator

Buncombe County

46 Valley Street

Asheville, NC 28801

Re: <Customer Name on Time Deposit>

Dear Sir or Madam,

This letter certifies that on <DATE>, <Name of Bank> (the "Bank") opened interest-bearing time deposit account number <CD Number>, (the "Time Deposit") in the name of the above-referenced customer. The Time Deposit was opened in the principal amount of <\$Amount>, with a term of <Number> months.

The customer has represented to the Bank that the Time Deposit has been pledged to Buncombe County ("Agency") to secure obligations of the customer to the agency as shown in the attached county Collateral Assignment of Certificate of Deposit Form. The Bank has placed a hold on the principal balance of the Time Deposit, and will not release the principal balance to the Customer unless the Bank receives a release letter from the Agency, on official letterhead and signed by an Agency representative. If the Bank receives a written request from the Agency to forward the principal balance of the Time Deposit to the Agency, the Bank will issue a cashier's check payable to the Agency in the principal amount of the Time Deposit, less any penalty assessed as a result of early withdrawal, and will forward it to the address given by the Agency representative.

On expiration of the term of the Time Deposit, the Bank will roll over the time deposit for a like term, at the then applicable interest rate for the applicable term and principal amount of the time deposit, until the principal balance of the time deposit is released in accordance with the preceding paragraph.

If you have any questions, please feel free to contact the undersigned at <Phone No.>.

Very truly yours,

<Bank Executive Signature>

<Title>

COLLATERAL ASSIGNMENT OF CERTIFICATE OF DEPOSIT

THIS COLLATERAL ASSIGNMENT OF CERTIFICATE OF DEPOSIT ("Assignment") is made as of the ____ day of _____, 20____, by _____ a North Carolina Corporation or individual ("Assignor"), to and for the benefit of **The BUNCOMBE COUNTY STORMWATER MANAGEMENT OFFICE** ("Assignee).

FOR CONSIDERATION, the undersigned, _____, Assignor, does hereby give, grant, transfer, and assign unto Assignee the Certificate of Deposit and all collateral, security interests, or assignments securing the payment thereof, including, without limitation, that certain **(Financial Institution)** _____ Certificate of Deposit # _____ issued on _____ in the amount of \$ _____ as security for the construction, repair, and/or reconstruction of the stormwater plan approved in permit number # _____.

The terms and conditions of this Assignment are:

Upon failure of the applicant to construct, maintain, repair, and if necessary reconstruct any stormwater device in accordance with the stormwater plan approved in permit # _____, the Stormwater Administrator shall be entitled to obtain and use all or any portion of the security to make necessary improvements based on an engineering estimate. Such expenditure of funds shall only be made after requesting the applicant to comply with the permit.

If Buncombe County takes action upon such failure by the applicant, Buncombe County may collect the difference should the amount of the reasonable cost of such action exceed the amount of the security held. This difference will be collected from the applicant.

Throughout the existence of this Assignment, **(Assignor)** _____ will be entitled to any and all interest payments paid on the subject Certificate of Deposit.

(Assignor) _____ will not redeem or otherwise cash in the pledged CD until completion of the project to the satisfaction of the Buncombe County Stormwater Management Office at which time this Assignment shall terminate and will be null and void. The Buncombe County Stormwater Management Office will express its satisfaction in written form to effectuate the termination.

(Assignor Signs on Following Page)

IN WITNESS WHEREOF, (Assignor) _____, as Assignor, has executed this Collateral Assignment of Certificate of Deposit on this the ____ day of _____, _____.

Signature

Printed Name

Title

STATE OF NORTH CAROLINA
COUNTY OF BUNCOMBE

I, _____, a Notary Public of the County of _____ and State of North Carolina do hereby certify that on this date, _____ personally came before me and acknowledged that he/she is the individual owner of subject property or is **(Title)** _____ of **(Corporation Name)** _____, a corporation, and that he/she, as _____, being authorized to do so, executed the foregoing on behalf of the corporation.

Witness my hand and official seal or stamp this the ____ day of _____, 20 ____.

Notary Public

My Commission Expires:

(Bank Representative Signs on Following Page)

IN WITNESS WHEREOF, **(Bank Representative's Name)** _____, as **(Title of Bank Representative)** _____, has executed this Collateral Assignment of Certificate of Deposit on this the ____ day of _____, ____.

Signature

Printed Name

Title

STATE OF NORTH CAROLINA
COUNTY OF BUNCOMBE

I, _____, a Notary Public of the County of _____ and State of North Carolina do hereby certify that on this date, _____ personally came before and acknowledged that he/she is **(Bank Representative's Name)** _____ of **(Bank Name)** _____, a corporation, and that he/she, as _____, being authorized to do so, executed the foregoing on behalf of the corporation.

Witness my hand and official seal or stamp this the ____ day of _____, 20 ____.

Notary Public

My Commission Expires:
