



MISSOURI DEPARTMENT OF
REVENUE
Letter of Assignment

I, _____ authorize the Driver License Bureau (Financial Responsibility Unit) to issue the refund check payable to _____ in the amount of _____. This deposit was posted as compliance for the accident of _____.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature		Printed Name
	Title		Date (MM/DD/YYYY) ____/____/____

Notary Required	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this _____		
		day of _____		year _____
		State	County (or City of St. Louis)	My Commission Expires
		Notary Public Signature		
	Notary Public Name (Typed or Printed)			

Mail to: Driver License Bureau
P.O. Box 200
Jefferson City, MO 65105-0200

Phone: (573) 751-7195
Fax: (573) 526-7365
E-mail: dlbmail@dor.mo.gov

Visit dor.mo.gov/drivers/
for additional information.

Form 2231 (Revised 05-2013)

