



**Office of the Treasurer-Tax Collector**  
**SHARI L. FREIDENRICH, CPA, CCMT, CPFA, ACPFIM**



**VOLUNTARY PARTICIPANT**  
**TRANSACTION REQUEST FORM**

DATE	AGENCY NAME	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
Effective Date of Transfer:	<input type="text"/>	<input type="text"/>
Type of Transaction:	<input type="radio"/> Deposit	<input type="radio"/> Withdrawal
Amount of Transfer:	\$ <input type="text"/>	\$ <input type="text"/>
Bank Name:	<input type="text"/>	<input type="text"/>
Bank ABA #:	<input type="text"/>	<input type="text"/>
Account Name:	<input type="text"/>	<input type="text"/>
Account Number:	<input type="text"/>	<input type="text"/>

Transaction Request Forms can be **faxed** to **(714) 834-2912**. For Same-Day Withdrawal, please fax the Form by **9:30AM** of the transaction date.

Please provide at least 24 hours advance notice for withdrawals of \$5 million or more.

The undersigned certifies that he/she is authorized to execute this form under the agency's resolution, and that the information contained herein is true and correct.

Authorized Signature

Second Authorized Signature if required by Agency  
(Not required by County)

Print Title

Print Title

Print Name

Print Name

\_\_\_\_\_  
Authorized Signature  
(From Current Authorized Signature List or  
Authorization for Transfer of Funds)

\_\_\_\_\_  
Authorized Signature  
(From Current Authorized Signature List or  
Authorization for Transfer of Funds)

Contact Phone #

Contact Phone #

Contact E-mail Address

Contact E-mail Address

If mailing, please mail completed form to:

**County of Orange**  
**Attn: Treasurer-Tax Collector**  
**P.O. Box 4515**  
**Santa Ana, CA 92702 – 4515**  
**FAX: (714) 834-2912**

**Office of TTC Use Only**

Transaction#: \_\_\_\_\_

Verification: ☐ Signature ☐ Bank

Confirmed Date: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_

Trans. Confirmation#: \_\_\_\_\_

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_