



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

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

**One Authorized Signature Required**

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 #:	<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 withdrawal of \$5 million or more.

Print Title

Print Name

\_\_\_\_\_  
Authorized Signature  
(From Current Authorized Signature List)

Contact Phone #

Contact E-mail Address

**Office of TTC Use Only**

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

Verification:       Signature    Bank

Confirmed Date:    \_\_\_\_\_

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

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

Completed By:      \_\_\_\_\_

Date:                    \_\_\_\_\_

**One Authorized Signature Required**

If mailing, please mail completed form to:

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