Office of the Treasurer-Tax Collector

SHARI L. FREIDENRICH, CPA, CCMT, CPFA, ACPFIM

VOLUNTARY PARTICIPANT

AUTHORIZATION FOR CHANGING BANK AND/OR ACCOUNT NUMBERS

DATE	AGENCY NAME	ACCOUNT NUMBER

ADDITIONS*

Bank Name:	**Account Name:**
Bank Address:	**Account Number:**
	ABA Number:
Contact Name and Phone #:	**Reference (for incoming wire)**

* Subject to verification by Orange County Treasurer Office

DELETIONS

Bank Name	Account Number

Print Title

Print Title

Print Name

Print Name

Authorized Signature
(From Current Authorized Signature List)

Authorized Signature
(From Current Authorized Signature List)

Please mail completed form to:
Orange County Treasurer
Attn: Fund Accounting Group
P.O. Box 4515
Santa Ana, CA 92702-4515

Two authorized signatures required

Print Form