



**OFFICE OF THE TREASURER-TAX COLLECTOR
SHARI L. FREIDENRICH, CPA, CCMT, CPFA, CPFIM**

**VOLUNTARY PARTICIPANT
TRANSACTION REQUEST FORM**

DATE

AGENCY NAME

FUND NUMBER

Effective Date of Transfer:

Type of Transaction:

Deposit

Withdrawal

Amount of Transfer:

\$

Bank Name:

Bank ABA#:

Account Name:

Account #:

- 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 the Orange County Treasurer's office at least 24 hours advance notice for withdrawal of \$5 million or more.

Print Title

Print Title

Print Name

Print Name

Authorized Signature

Authorized Signature

Contact Phone#

Contact Phone#

Contact email address

Contact email address

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**

Office of TTC Use Only

Transaction#: _____

Verification:

Signature Bank

Confirmed Date: _____

Authorized Signer: _____

Trans. Confirmation#: _____

Completed By: _____

Date: _____