



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*

Two Authorized Signatures Required. Each of 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.

ONLY the following bank account(s) listed below, are hereby authorized for agency transfer(s) with the County of Orange. ***This authorization REPLACES AND SUPERCEDES all prior authorizations on file with the County of Orange.***

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 Resolution)

Authorized Signature
(From Resolution)

Please mail completed form to:
County of Orange
Attn: Treasurer-Tax Collector
P.O. Box 4515
Santa Ana, CA 92702-4515