



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



VOLUNTARY PARTICIPANT

AUTHORIZED SIGNATURE LIST FOR TRANSFER OF FUNDS

Two Authorized Signatures Required

Effective Date _____

Agency Name _____

Account Number _____

Agency's Resolution # _____ Resolution Date or _____ Authorized Signature List

ONLY the following individuals of this agency whose names appear below, are hereby authorized to order the deposit or withdrawal of funds to the bank account on file. **This Authorization for Transfer of Funds REPLACES AND SUPERCEDES all prior Authorizations with the County of Orange on file for Transfer of Funds.**

Name <input style="width:95%;" type="text"/>	Signature <input style="width:95%;" type="text"/>
Title <input style="width:95%;" type="text"/>	Phone Number <input style="width:95%;" type="text"/>

Name <input style="width:95%;" type="text"/>	Signature <input style="width:95%;" type="text"/>
Title <input style="width:95%;" type="text"/>	Phone Number <input style="width:95%;" type="text"/>

Name <input style="width:95%;" type="text"/>	Signature <input style="width:95%;" type="text"/>
Title <input style="width:95%;" type="text"/>	Phone Number <input style="width:95%;" type="text"/>

Name <input style="width:95%;" type="text"/>	Signature <input style="width:95%;" type="text"/>
Title <input style="width:95%;" type="text"/>	Phone Number <input style="width:95%;" type="text"/>

Name <input style="width:95%;" type="text"/>	Signature <input style="width:95%;" type="text"/>
Title <input style="width:95%;" type="text"/>	Phone Number <input style="width:95%;" type="text"/>

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.

 Authorized Signature
 (From Resolution or Authorized Signature List)

 Print Title

 Print Name

 Telephone

 Authorized Signature
 (From Resolution or Authorized Signature List)

 Print Title

 Print Name

 Telephone

Please fax completed form to: (714) 834-2912
 Mail original to: **County of Orange, Attn: Treasurer-Tax Collector, P.O. Box 4515, Santa Ana, CA 92702-4515**