STATE OF CALIFORNIA

DEPARTMENT OF GENERAL SERVICES

AUTHORIZED DEPOSITOR/REVIEWER REQUEST

GS 81 (REV 7-96)

☐ **DEPOSITOR AUTHORIZATION REQUEST**

☐ **DEPOSIT REVIEWER AUTHORIZATION REQUEST**

TO: DEPARTMENT OF GENERAL SERVICES
OFFICE OF FISCAL SERVICES, CASHIERS
P. O. BOX 151
SACRAMENTO, CA 95812-0151

☐ ESTABLISH **NEW** AUTHORIZED DEPOSITOR/REVIEWER

☐ **CHANGE** IN AUTHORIZED DEPOSITOR/REVIEWER

ESTABLISH NEW AUTHORIZED DEPOSITOR/REVIEWER

NEW NAME *(Please Print)*	EFFECTIVE DATE
NEW DEPOSITOR/REVIEWER SIGNATURE	TELEPHONE NUMBER *(Include Area Code)*

CHANGE IN AUTHORIZED DEPOSITOR/REVIEWER

NEW DEPSOSITOR/REVIEWER NAME *(Please Print)*	RESIGNING DEPSOSITOR/REVIEWER NAME *(Please Print)*
NEW DEPOSITOR/REVIEWER SIGNATURE	RESIGNING DEPOSITOR/REVIEWER SIGNATURE
NEW DEPOSITOR/REVIEWER TELEPHONE NUMBER *(Include Area Code)*	EFFECTIVE DATE

AUTHORIZATION

OFFICE NAME	MAILING ADDRESS *(Number and Street or P. O. Box)*	CITY

AUTHORIZED SIGNATURE	DATE SIGNED
AUTHORIZED NAME *(Please print)*	TITLE

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