



# ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

PARTICIPANT NAME: Town of Addison TAXPAYER ID : 75-1333555

**PART I: DELETIONS - Please enter the Authorized Representatives to be deleted**

- 1. Eric Cannon 3. \_\_\_\_\_
- 2. \_\_\_\_\_

**PART II: ADDITIONS - Please enter the Authorized Representatives to be added**

- 1. Name: Cheryl Delaney Title: Deputy City Manager  
 Signature: *Cheryl Delaney* Phone: 972-450-7036  
 Email: cdelaney@addisontx.gov
- 2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PART III: APPROVALS - Please enter the names of all currently Authorized Representatives to authorize the deletions and additions of the individuals above.**

- 1. Name: Eric Cannon  
 Signature: *[Signature]*  
 Title: Chief Financial Officer
- 2. Name: Amanda Turner  
 Signature: *[Signature]*  
 Title: Accounting Manager
- 3. Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_
- 4. Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Official Seal of Participant (required)**

**Attested By:** \_\_\_\_\_  
**Title:** City Secretary



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**PART IV: PRIMARY CONTACT [required]** - If the Primary Contact on file with LOGIC was deleted in Part I of this form, please provide the name of the Authorized Representative that will be the Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, LOGIC updates and other program mailings.

Name: Cheryl Delaney

Email Address: cdelaney@addisontx.gov

Phone Number: 972-450-7064

**PART V: INQUIRY ONLY [optional]** - If an Inquiry Only Representative was deleted in Part I and you wish to replace this representative or add an inquiry only representative to your LOGIC account for the first time, please list this individual below. This limited representative cannot make deposits or withdrawals or sign Bank Information Sheets.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If you have any questions regarding this form or the Authorized Representatives currently on file with LOGIC for your entity, please contact LOGIC Participant Services at 1-800-895-6442.