



Authorized Representative Deletion Form

Please complete this form to delete Authorized Representative(s) of the Participant.

*Required Fields

1. Participant Information

Town of Addison

Participant Name*

7 7 3 3 3

Location Number*

1 0 2 0 2 0 1 6

Effective Date*

2. Deletions

Please print the name(s) of the individual(s) to be deleted:

As Authorized Representative(s):

1. Scott Neils

2.

3.

As Inquiry Only Representative(s):

1. Mushtaq Ali

2.

3.

3. Primary Contact

If the person being deleted is the Primary Contact, please provide the name of the TexPool Authorized Representative that will be the new Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexPool Updates, and other TexPool mailings.

Olivia Riley

Name

Interim Chief Financial Officer

Title

9 7 2 4 5 0 7 0 5 0

Telephone Number

9 7 2 4 5 0 7 0 7 4

Fax Number

oriley@addisontx.gov

Email Address

4. Inquiry Only

If the person being deleted is an Inquiry Only Representative, please specify below if you wish to add another individual in this capacity. Please note: Inquiry Only Representatives cannot perform transactions.

Lauren Arnold / Paul DeBuff

Name

Accountant / Sr. Budget Analyst

Title

9 7 2 4 5 0 7 0 5 5

Telephone Number

9 7 2 4 5 0 7 0 7 4

Fax Number

larnold@addisontx.gov / pdebuff@addisontx.gov

Email Address

5. Approvals

Please enter the name of two individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.

Note: This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with TexPool.

<input type="text"/>	<input type="text" value="10202016"/>
Authorized Representative Signature*	Date*
<input type="text" value="Cheryl Delaney"/>	<input type="text" value="9724507036"/>
Printed Name*	Telephone Number
<input type="text" value="Deputy City Manager"/>	
Title*	
<input type="text"/>	<input type="text" value="10202016"/>
Authorized Representative Signature*	Date*
<input type="text" value="Amanda Turner"/>	<input type="text" value="9724507064"/>
Printed Name*	Telephone Number
<input type="text" value="Accounting Manager"/>	
Title*	

6. Mailing Instructions

The completed Authorized Representative Deletion Form can be faxed to TexPool Participant Services at 1-866-839-3291, or mailed to:

TexPool Participant Services
1001 Texas Avenue, Suite 1400
Houston, TX 77002