

# ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES



PARTICIPANT NAME: Town of Addison EFFECTIVE DATE: 05/28/2019

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

1. Cheryl Delaney 3. \_\_\_\_\_
2. \_\_\_\_\_ Inquiry: \_\_\_\_\_

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

1. Name: Olivia E. Riley Email: oriley@addisontx.gov  
Signature: \_\_\_\_\_ Phone: 972-450-7050 Title: Chief Financial Officer
2. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_
3. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

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

1. Name: Amanda Turner  
Signature: \_\_\_\_\_  
Title: Comptroller
2. Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

**Official Seal of Participant**  
**\*(REQUIRED)\***

**\*REQUIRED\***

**Attested By:** \_\_\_\_\_  
**Printed Name:** Irma G. Parker  
**Title:** City Secretary

***Document with original signatures is required.***

Mail originals to TexSTAR Participant Services \* 1201 Elm Street, Suite 3500 \* Dallas, Texas 75270



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**PART IV: PRIMARY CONTACT [required]** - If the Primary Contact on file with TexSTAR 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, TexSTAR updates and other program mailings.

Name: Olivia E. Riley  
Email Address: oriley@addisontx.gov  
Phone Number: 972-450-7050

**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 TexSTAR account for the first time, please list this individual below. This limited representative cannot make deposits or withdrawals or sign Bank Information Sheets.

Name: Benjamin Nguyen Title: Accounting Specialist  
Signature: \_\_\_\_\_ Phone: 972-450-7062  
Email: bnguyen@addisontx.gov

If you have any questions regarding this form or the Authorized Representatives currently on file with TexSTAR for your entity, please contact TexSTAR Participant Services at 1-800-839-7827.

**Document with original signatures is required.**

Forms with alterations (i.e. white out, mark out, etc.) will NOT be accepted  
Mail originals to TexSTAR Participant Services \* 1201 Elm Street, Suite 3500 \* Dallas, Texas 75270