



ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

PARTICIPANT NAME: Town of Addison EFFECTIVE DATE: 05/26/2019

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 LOGIC 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 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: 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 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: 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 LOGIC for your entity, please contact LOGIC Participant Services at 1-800-895-6442.

Document with original signatures is required.

Forms with alterations (i.e. white out, mark out, etc.) will NOT be accepted
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Name: _____

Email Address: _____

Phone Number: _____

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: Lauren Arnold Title: Senior Accountant
Signature: _____ Phone: 972-450-7055
Email: larnold@addisontx.gov

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