

**Authorized Representative Delete Form**

*Name of Participant* **Bastrop Independent School District**

***Deletion of Authorized Representative***

The following officers, officials, or employees of the Participant are hereby deleted as Authorized Representatives within the meaning of the Interlocal Agreement (Agreement), removing full power and authority to execute the Agreement and any other documents, as may be required to deposit money to and withdraw money from the Participant's Lone Star Investment Pool account.

***Printed Name***

Vivian June Crawford

***Signature of Authorized Representative other than the one(s) listed above:***

\_\_\_\_\_ ***Date*** \_\_\_\_\_

\_\_\_\_\_  
***Printed Name and Title***

If you have any questions, call the Lone Star Investment Pool at 800-758-3927 for assistance.  
Please return the completed form to **customer.service@lonestarinvestmentpool.com** or fax **512-452-7842**.  
Keep the original for your files.