



# Authorized Representative Deletion/Update Form

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

## \*Required Fields

### 1. Participant Information

Ector County ISD  
Participant Name\*      7 7 4 0 6      0 7 2 1 2 0 2 0  
Location Number\*      Effective Date\*

### 2. Deletions

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

#### As Authorized Representative(s):

1. Arthur (Art) Martin
- 2.
- 3.

#### As Inquiry Only Representative(s):

- 1.
- 2.
- 3.

### 3. Primary Contact

If the person being deleted is the Primary Contact, please complete all fields in this section for 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.*

Deborah Ottmers      Chief Financial Officer  
Name      Title  
4 3 2 4 5 6 9 4 9 9      4 3 2 4 5 6 9 7 0 8      deborah.ottmers@ectorcountysd.org  
Telephone Number      Fax Number      Email Address

### 4. Inquiry Only

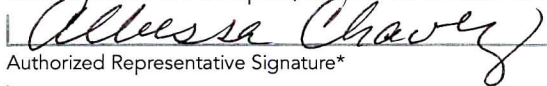
If the person being deleted is an Inquiry Only Representative, please complete all fields in this section if you wish to add another individual in this capacity. **Note:** *Inquiry Only Representatives cannot perform transactions.*

\_\_\_\_\_  
Name      Title  
\_\_\_\_\_  
Telephone Number      Fax Number      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.

  
Authorized Representative Signature\*

Albessa Chavez  
Printed Name\*

Director of Finance  
Title\*

  
Authorized Representative Signature\*

Uvaldina Valenzuela  
Printed Name\*

Accounting Supervisor  
Title\*

07/06/2020  
Date\*

4324569709  
Telephone Number

4324569699  
Telephone Number

07/06/2020  
Date\*

4324569699  
Telephone Number

## 6. Mailing Instructions

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

TexPool Participant Services  
1001 Texas Avenue, Suite 1150  
Houston, TX 77002