

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

PART I: DELETIONS - Please enter the Authori	zed Representatives to be <u>deleted</u>
Sandi Evans 3.	
2.	
PART II: ADDITIONS - Please enter the Authori	zed Representatives to be <u>added</u>
. Name:	Title:
Signature:	Phone:
	Email:
2. Name:	Title:
Signature:	Phone:
	Email:
I. Name: Debbie Monschke	
Signature: Delbir, Monselle	Official Seal of Participan (required)
Signature: Dulling Monselle Title: Executive Director of Administrative Services	· · · · · · · · · · · · · · · · · · ·
Signature: Dellie Mondelle Title: Executive Director of Administrative Services	· · · · · · · · · · · · · · · · · · ·
Signature: Dulli, Monselle Title: Executive Director of Administrative Services Name: Julie J. Simpson Signature: Signature:	· · · · · · · · · · · · · · · · · · ·
Signature: Dulling Monacule Title: Executive Director of Administrative Services Name: Julie J. Simpson Signature: Julie J. Simpson Title: Accounting Supervisor	· · · · · · · · · · · · · · · · · · ·
Signature: Dulling Monachile Title: Executive Director of Administrative Services Name: Julie J. Simpson Signature: Julie J. Simpson Title: Accounting Supervisor	· · · · · · · · · · · · · · · · · · ·
Signature: Dulling Monachie Title: Executive Director of Administrative Services Name: Julie J. Simpson Signature: Julie J. Simpson Title: Accounting Supervisor	· · · · · · · · · · · · · · · · · · ·
Signature: Dellie Monselle Title: Executive Director of Administrative Services Name: Julie J. Simpson Signature: Signature: Supervisor Name: Dr. Ray Braswell Signature: Many Braswell	(required)
Signature: Dullic, Monselle Title: Executive Director of Administrative Services Name: Julie J. Simpson Signature: Julie J. Simpson Title: Accounting Supervisor Name: Dr. Ray Braswell Signature: Julie J. Simpson Title: Superintendent	(required) Attested By:



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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:

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 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:

Sharon Harris

Title: General Ledger Accountant

Phone: 940-369-0012

Email: sharris3@dentonisd.org

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.