



**TEXPOOL**

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An Investment Service for Public Funds

# DELETION FORM FOR AUTHORIZED REPRESENTATIVES

*LOCATION NUMBER:	77365	*EFFECTIVE DATE:	July 1, 2012
*PARTICIPANT NAME:	Denton ISD		

<b>PART I:</b>	<b>DELETIONS</b> -Please enter the names of the individuals to be deleted as Authorized Representatives.		
	PRINTED NAME		PRINTED NAME
1.	Dr. Ray Braswell	3.	
2.			Inquiry Only Representative

<b>PART II:</b>	<b>PRIMARY CONTACT</b> -If the person deleted above was the Primary Contact; 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, TexPool Updates and other TexPool mailings.
Name:	
Phone, Fax, Email:	

<b>PART III:</b>	<b>INQUIRY ONLY</b> - If the person deleted above was an inquiry only representative please specify below if you wish to add another individual. This limited representative cannot perform transactions.
Name:	
Phone, Fax, Email:	

<b>*PART IV:</b>	<b>APPROVALS</b> - Please enter the names of two individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.		
	PRINTED NAME	TITLE	SIGNATURE
	Debbie Monschke	Executive Director of Adm Services	<i>Debbie Monschke</i>
	Julie J. Simpson	Accounting Supervisor	<i>Julie J. Simpson</i>

ORIGINALS REQUIRED

\*REQUIRED FIELDS

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# DELETION FORM FOR AUTHORIZED REPRESENTATIVES

*LOCATION NUMBER:	77380	*EFFECTIVE DATE:	July 1, 2012
*PARTICIPANT NAME:	Denton ISD		

<b>PART I:</b>	<b>DELETIONS</b> -Please enter the names of the individuals to be deleted as Authorized Representatives.		
	PRINTED NAME		PRINTED NAME
1.	Dr. Ray Braswell	3.	
2.			Inquiry Only Representative

<b>PART II:</b>	<b>PRIMARY CONTACT</b> -If the person deleted above was the Primary Contact; 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, TexPool Updates and other TexPool mailings.
Name:	
Phone, Fax, Email:	

<b>PART III:</b>	<b>INQUIRY ONLY</b> - If the person deleted above was an inquiry only representative please specify below if you wish to add another individual. This limited representative cannot perform transactions.
Name:	
Phone, Fax, Email:	

<b>*PART IV:</b>	<b>APPROVALS</b> - Please enter the names of two individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.		
	PRINTED NAME	TITLE	SIGNATURE
	Debbie Monschke	Executive Director of Adm Services	<i>Debbie Monschke</i>
	Julie J. Simpson	Accounting Supervisor	<i>Julie J. Simpson</i>

ORIGINALS REQUIRED

\*REQUIRED FIELDS

TEX-REP



# RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, Denton ISD 77365

(Participant Name & Location Number)

("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

- A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
- B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by all remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / TexPool Prime account or (2) is no longer employed by the Participant; and
- C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant;

List the Authorized Representatives of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. Name: Debbie Monschke Title: Executive Director Administrative Services  
 Phone/Fax/Email: 940-369-0010/ 940-369-4981/ dmonschke@dentonisd.org  
 Signature:

2. Name: Julie J. Simpson Title: Accounting Supervisor  
 Phone/Fax/Email: 940-369-0019/ 940-369-4981/ jsimpson@dentonisd.org  
 Signature:

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3. Name: Dr. Jamie Wilson Title: Superintendent  
Phone/Fax/Email: 940-369-000/ jwilson@dentonisd.org  
Signature: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone/Fax/Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

Name Debbie Monschke

In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

5. Name: Sharon Harris Title: General Ledger Accountant  
Phone/Fax/Email: 940-369-0012/ 940-369-4981/ sharris3@dentonisd.org

D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_.

**NAME OF PARTICIPANT:** Denton ISD 77365

**BY:** \_\_\_\_\_  
Signature  
Mrs. Mia Price  
Printed Name  
Board President  
Title

**ATTEST:** \_\_\_\_\_  
Signature  
Dr. Rudy Rodriguez  
Printed Name  
Board Secretary  
Title

**This document supersedes all prior Authorized Representative designations.**



# RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, Denton ISD 77380

(Participant Name & Location Number)

("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

- A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
- B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by all remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / TexPool Prime account or (2) is no longer employed by the Participant; and
- C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant;

List the Authorized Representatives of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. Name: Debbie Monschke Title: Executive Director Administrative Services  
 Phone/Fax/Email: 940-369-0010/ 940-369-4981/ dmonschke@dentonisd.org  
 Signature: *Debbie Monschke*

2. Name: Julie J. Simpson Title: Accounting Supervisor  
 Phone/Fax/Email: 940-369-0019/ 940-369-4981/ jsimpson@dentonisd.org  
 Signature: *Julie Simpson*

ORIGINALS REQUIRED

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3. Name: Dr. Jamie Wilson Title: Superintendent  
Phone/Fax/Email: 940-369-000/ jwilson@dentonisd.org  
Signature: \_\_\_\_\_

4. Name: Robin Wantland Title: Director Child Nutrition  
Phone/Fax/Email: 940-369-0272/ rwantland@dentonisd.org  
Signature: \_\_\_\_\_

List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

Name Debbie Monschke

In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

5. Name: Sharon Harris Title: General Ledger Accountant  
Phone/Fax/Email: 940-369-0012/ 940-369-4981/ sharris3@dentonisd.org

D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_.

**NAME OF PARTICIPANT:** Denton ISD 77380

**BY:** \_\_\_\_\_  
Signature  
Mrs. Mia Price  
Printed Name  
Board President  
Title

**ATTEST:** \_\_\_\_\_  
Signature  
Dr. Rudy Rodriguez  
Printed Name  
Board Secretary  
Title

**This document supersedes all prior Authorized Representative designations.**