



Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

* Required Fields

1. Resolution

WHEREAS,

ECTOR COUNTY ISD | 77406
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 two 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 Representative(s) of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. Arthur (Art) Martin | Interim CFO

4324569499 | 4324569708 | uvaldina.valenzuela@ectorcountyisd.org
Phone | Fax | Email

Arthur Martin
Signature

2. Albessa Chavez | Director of Finance

4324569709 | 4324569708 | albessa.chavez@ectorcountyisd.org
Phone | Fax | Email

Albessa Chavez
Signature

3. Uvaldina Valenzuela | Accounting Supervisor

4324569699 | 4324569708 | uvaldina.valenzuela@ectorcountyisd.org
Phone | Fax | Email

Uvaldina Valenzuela
Signature

1. Resolution (continued)

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.

ALBESSA CHAVEZ

Name
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.

Name Title

 Phone Fax Email

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 of , 2020.

Note: Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.

ECTOR COUNTY ISD

Name of Participant*

SIGNED

Signature*

 Printed Name*

 Title*

ATTEST

Signature*

 Printed Name*

 Title*

2. Mailing Instructions

The completed Resolution Amending Authorized Representatives 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



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	7 7 4 0 6	
Participant Name*	Location Number*	Effective Date*

2. Deletions

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

As Authorized Representative(s):

1. Albert Anchondo
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.

Arthur (Art) Martin	Interim CFO	
Name	Title	
4 3 2 4 5 6 9 4 9 9	4 3 2 4 5 6 9 7 0 8	arthur.martin@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. Please note: Inquiry Only Representatives cannot perform transactions.

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.

Albessa Chavez
Authorized Representative Signature*

05 | 20 | 20 | 20
Date*

Albessa Chavez
Printed Name*

4 | 3 | 2 | 4 | 5 | 6 | 9 | 7 | 0 | 9
Telephone Number

Director of Finance
Title*

Arthur (Art) Martin
Authorized Representative Signature*

Date*

Arthur (Art) Martin
Printed Name*

4 | 3 | 2 | 4 | 5 | 6 | 9 | 4 | 9 | 9
Telephone Number

Interim CFO
Title*

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Houston, TX 77002