

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES



PARTICIPANT NAME: Ector County ISD EFFECTIVE DATE: 7/21/2020

PART I: DELETIONS - Please enter the Authorized Representatives to be deleted.

1. Arthur (Art) Martin 3. _____
2. _____ Inquiry: _____

PART II: ADDITIONS - Please enter the Authorized Representatives to be added.

1. Name: Deborah Ottmers Email: deborah.ottmers@ectorcountyisd.org
Signature: *Deborah P. Ottmers* Phone: 432-456-9499 Title: Chief Financial Officer
2. Name: _____ Email: _____
Signature: _____ Phone: _____ Title: _____
3. Name: _____ Email: _____
Signature: _____ Phone: _____ Title: _____

PART III: APPROVALS - Please enter the names of all currently Authorized Representatives to authorize the deletions and additions of the individuals above.

1. Name: Albessa Chavez
Signature: *Albessa Chavez*
Title: Director of Finance
2. Name: Uvaldina Valenzuela
Signature: *Uvaldina*
Title: Accounting Supervisor
3. Name: _____
Signature: _____
Title: _____
4. Name: _____
Signature: _____
Title: _____

Official Seal of Participant
(REQUIRED)

REQUIRED
Attested By: _____
Printed Name: _____
Title: _____

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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: Deborah Ottmers
Email Address: deborah.ottmers@ectorcountyisd.org
Phone Number: 432-456-9499

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: _____ Title: _____
Signature: _____ Phone: _____
Email: _____

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.

Document with original signatures is required.
Forms with alterations (i.e. white out, mark out, etc.) will NOT be accepted
Mail originals to TexSTAR Participant Services * 1201 Elm Street, Suite 3500 * Dallas, Texas 75270