

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES



PARTICIPANT NAME: City of Grand Prairie EFFECTIVE DATE: 06/01/2019

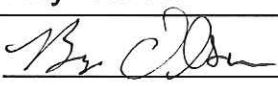
PART I: DELETIONS - Please enter the Authorized Representatives to be deleted.

1. Diana Ortiz 3. _____
2. _____ Inquiry: _____

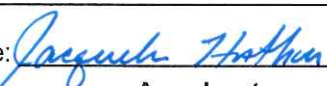
PART II: ADDITIONS - Please enter the Authorized Representatives to be added.

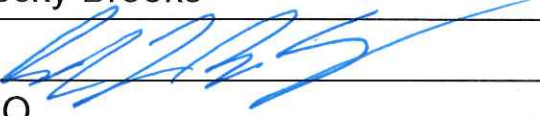
1. Name: _____ Email: _____
Signature: _____ Phone: _____ Title: _____
2. Name: _____ Email: _____
Signature: _____ Phone: _____ Title: _____
3. Name: _____ Email: _____
Signature: _____ Phone: _____ Title: _____

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

1. Name: Brady Olsen
Signature: 
Title: Debt & Treasury Manager

Official Seal of Participant
(REQUIRED)

2. Name: Jacqueline Hathorn
Signature: 
Title: Treasury Analyst

3. Name: Becky Brooks
Signature: 
Title: CFO

4. Name: _____
Signature: _____
Title: _____

REQUIRED

Attested By: _____
Printed Name: _____
Title: _____

Document with original signatures is required.

Mail originals to TexSTAR Participant Services * 1201 Elm Street, Suite 3500 * Dallas, Texas 75270

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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: Jacqueline Hathorn
Email Address: jhathorn@gptx.org
Phone Number: 972-237-8114

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