

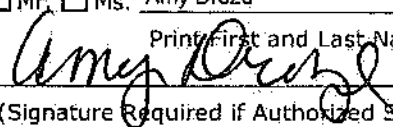


Signatory Amendment Form

Participant # TX-01- 0825

Effective Date 7/21/2020

Individuals to be Added

Mr. Ms. Amy Drozd
 Print First and Last Name

 *(Signature Required if Authorized Signer)
adrozd@csisd.org

Chief Financial Officer
 Title
979-764-5455
 Phone

Email

Fax

Permissions (must check one)

- Authorized Signer to Move Funds*
- Read Only Access

Representative

- Yes**
- No

Email Notifications

- Monthly Statement
- Transaction Confirmations

Online Account

- Online User Access

Mr. Ms. _____
 Print First and Last Name

Title

*(Signature Required if Authorized Signer)

Phone

Email

Fax

Permissions (must check one)

- Authorized Signer to Move Funds*
- Read Only Access

Representative

- Yes**
- No

Email Notifications

- Monthly Statement
- Transaction Confirmations

Online Account

- Online User Access

Individuals to be Removed

Mr. Ms. Clark Ealy
 Print Full Name

Superintendent
 Title

Representative?***

- Yes No

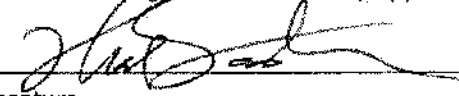
Mr. Ms. _____
 Print Full Name

 Title

- Yes No

****Each account requires one representative (must be authorized signer); a new representative must be assigned when one is removed.**

The above changes have been duly approved by a current Authorized Signer:


 Signature
Thad Lasater

7/21/2020
 Date
Director of Business Services

Print Name

Title

Note: All completed forms should be sent to the Client Service team via the contact information listed below.

717 17th Street, Suite 1850
Denver, Colorado 80202

T (800) 707-6242
F (855) 848-9910

clientservices@texasclass.com
www.texasclass.com