



Authorized Signatory Amendment Form

Date effective: _____ Participant Account #: TX-01-_____

Name of Public Entity: _____

Please make the following changes for the named entity:

Individuals to be ADDED:

Print Name (First, Middle Initial, Last) *Title*

Signature

Telephone Number *Extension* *E-mail Address*

Authorized Signatory (to move funds) *E-mail Monthly Statement Request*
Internet Read Only *Pin Number Requested*

Print Name (First, Middle Initial, Last) *Title*

Signature

Telephone Number *Extension* *E-mail Address*

Authorized Signatory (to move funds) *E-mail Monthly Statement Request*
Internet Read Only *Pin Number Requested*

Individuals to be REMOVED:

Print Name *Print Name*

Changes approved by:

Name *Title* *Date*

Signature