

Acceptance

You understand that this application is subject to acceptance by DBTCA.

Authorized Signer _____ Date 2-10-15
Authorized Signer Dawn Sledge _____ Date 2-10-15

For Bank Use Only

Reviewed by:

Signature [Signature] _____
Name Amanda Kirby _____
Title Associate _____
Date 2/17/15 _____

Accepted by DBTCA:

Signature [Signature] _____
Name Paul Morris _____
Title MD _____
Date 2/24/15 _____

Account numbers:

DDA _____ NOW _____
MMDA _____ CD/DBAG _____