

**Acceptance**

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

Authorized Signer \_\_\_\_\_ Date 2-10-15  
Authorized Signer Daven 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 \_\_\_\_\_