

Acceptance

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

Authorized Signer _____ Date 2-11-15

Authorized Signer _____ Date _____

For Bank Use Only

Reviewed by:

Signature [Signature]

Name Amanda Kirby

Title Associate

Date 2/24/15

Accepted by DBTCA:

Signature [Signature]

Name Paul Morris

Title MD

Date 2/24/15

Account numbers:

DOA [Redacted] NOW [Redacted]

MMDA [Redacted] CD/DBAG [Redacted]