



ACCOUNT APPLICATION

Questions? Call 1-866-839-8376

Instructions: Use this application to open an Account with TexasTERM. If this is your entity's first Account in TexasTERM, you must include a completed TexasTERM New Investor Application for this form to be processed. Please fax or mail this completed Application to the TexasTERM Client Services Group at the fax number or address listed at the bottom of page 2 of this Application. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

TexasTERM ACCOUNT #:

(Pool Use Only)

INVESTOR INFORMATION: (Please complete all fields in this section.)

CSGV2017.06

Investor Name: Denton ISD

(Name that appears on Pool records)

TIN: 75 - 6001311

(Taxpayer Identification Number)

Account Title: 2018 Bond Series 2018

(New Account name to display on Pool records and Statements)

Is this account being set up for bond proceeds?

☐ No

☒ Yes

(If yes, please complete the TexasTERM Bond Issue Information - Schedule A and send with this document.)

Pay dividends by reinvestment in: ☒ This Account

☐ Other TexasTERM Account:

(Account Number or Account Name)

INVESTMENT OPTIONS: (Please select the investment option(s) that your Entity may invest in.)

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the moneys to be invested.

☒ TexasDAILY Portfolio and TexasTERM Portfolio

SERVICES: (Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)

☒ ACH Purchase/Redemption

☒ Wire Purchase/Redemption

Note: If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Pool reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Investor's address on record.

CONTACT PERMISSIONS: (Please complete the information below to add or update each Contact's permissions for this Account.)

1. CONTACT INFORMATION: (Contact must be previously established with the Pool.)

Contact Name: Debbie Monschke

First and Last Name (Print)

Mailing Address: Denton ISD

Agency Name (If Applicable)

P O Box 2387

Address

Denton

TX

76201

City

State

Zip

CONTACT PERMISSIONS: (Please select all permissions that apply.)

For the new Pool Account being established, this Contact may:

☒

View Account information.

☒

Initiate transactions.

☒

Open and close Accounts.

☒

Change banking instructions and Account information.

☒

Assign permissions to and establish other Contacts.

☒

Receive statements ☐ Electronic (EON) or ☒ Paper.

*Contact must be on record. All new Contacts must complete a Contact Record form.

2. CONTACT INFORMATION: (Contact must be previously established with the Pool.)

Contact Name: Vicki Garcia

First and Last Name (Print)

Mailing Address: Denton ISD

Agency Name (If Applicable)

P O Box 2387

Address

Denton

TX

76201

City

State

Zip

CONTACT PERMISSIONS: (Please select all permissions that apply.)

For the new Pool Account being established, this Contact may:

☒

View Account information.

☒

Initiate transactions.

☒

Open and close Accounts.

☒

Change banking instructions and Account information.

☒

Assign permissions to and establish other Contacts.

☒

Receive statements ☐ Electronic (EON) or ☒ Paper.

*Contact must be on record. All new Contacts must complete a Contact Record form.

3. CONTACT INFORMATION: (Contact must be previously established with the Pool.)

Contact Name: Julie J. Simpson

First and Last Name (Print)

Mailing Address: P O Box 2387

Agency Name (If Applicable)

Denton

Address

Denton

TX

76201

City

State

Zip

CONTACT PERMISSIONS: (Please select all permissions that apply.)

For the new Pool Account being established, this Contact may:

☒

View Account information.

☒

Initiate transactions.

☒

Open and close Accounts.

☒

Change banking instructions and Account information.

☒

Assign permissions to and establish other Contacts.

☒

Receive statements ☐ Electronic (EON) or ☒ Paper.

*Contact must be on record. All new Contacts must complete a Contact Record form.



ACCOUNT APPLICATION – PAGE 2

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2018 Bond Series 2018

(New Account name to display on Pool records)

75 -6001311

(Taxpayer Identification Number)

4. CONTACT INFORMATION: (Contact must be previously established with the Pool.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
Contact Name: <u>Dr. Jamie Wilson</u> First and Last Name (Print)	For the new Pool Account being established, this Contact may:
Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)	<input checked="" type="checkbox"/> View Account information.
<u>P O Box 2387</u> Address	<input checked="" type="checkbox"/> Initiate transactions.
<u>Denton</u> <u>TX</u> <u>76201</u> City State Zip	<input checked="" type="checkbox"/> Open and close Accounts.
	<input checked="" type="checkbox"/> Change banking instructions and Account information.
	<input checked="" type="checkbox"/> Assign permissions to and establish other Contacts.
	<input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper.
	*Contact must be on record. All new Contacts must complete a Contact Record form.

5. CONTACT INFORMATION: (Contact must be previously established with the Pool.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
Contact Name: <u>Elizabeth Cuadrado</u> First and Last Name (Print)	For the new Pool Account being established, this Contact may:
Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)	<input checked="" type="checkbox"/> View Account information.
<u>P O Box 2387</u> Address	<input type="checkbox"/> Initiate transactions.
<u>Denton</u> <u>TX</u> <u>76201</u> City State Zip	<input type="checkbox"/> Open and close Accounts.
	<input type="checkbox"/> Change banking instructions and Account information.
	<input type="checkbox"/> Assign permissions to and establish other Contacts.
	<input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper.
	*Contact must be on record. All new Contacts must complete a Contact Record form.

OPTIONAL DOCUMENTATION: (In addition to this form, the following documents are optional.)

- Contact Record (New Contacts Only)
- ACH Setup Instructions
- Wire Setup Instructions

CERTIFICATION & SIGNATURE: (Please have a Contact per Pool records who is authorized to open new Accounts sign below.)

The Contact signing below has full authorization to open Accounts on behalf of the Investor listed above and should meet one the following criteria:

- For a current Investor, this section must be signed by a Contact who is currently authorized to open Accounts per Pool records; or
- For a new Investor, this section must be signed by the Contact who signed the certification section of the New Investor Application.

The Pool reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Pool.

Debbie Monschke

Print or Type Name of Authorized Signatory

X

Authorized Signature

Asst Supt Administrative Services

Title/Position

Date

POOL USE ONLY: (Please fax or mail this document to the Client Services Group for their signature below.)

X

TexasTERM Representative Signature

Date

X

Principal Approval Signature

Date

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: TexasTERM Client Services Group
1-800-252-9551

MAIL TO: TexasTERM Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

POOL USE ONLY

V2017.06	DATE	INITIALS
Processed		
Confirmed		



ACCOUNT APPLICATION

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TexasTERM ACCOUNT #:

(Pool Use Only)

INVESTOR INFORMATION: (Please complete all fields in this section.)

CSGV2017.06

Investor Name: Denton ISD
(Name that appears on Pool records)

TIN: 75 - 6001311
(Taxpayer Identification Number)

Account Title: General
(New Account name to display on Pool records and Statements)

Is this account being set up for bond proceeds? ☒ No ☐ Yes (If yes, please complete the TexasTERM Bond Issue Information - Schedule A and send with this document.)

Pay dividends by reinvestment in: ☒ This Account ☐ Other TexasTERM Account: _____
(Account Number or Account Name)

INVESTMENT OPTIONS: (Please select the investment option(s) that your Entity may invest in.)

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the moneys to be invested.

☒ TexasDAILY Portfolio and TexasTERM Portfolio

SERVICES: (Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)

☒ ACH Purchase/Redemption ☒ Wire Purchase/Redemption

Note: If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Pool reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Investor's address on record.

CONTACT PERMISSIONS: (Please complete the information below to add or update each Contact's permissions for this Account.)

1.	CONTACT INFORMATION: (Contact must be previously established with the Pool.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
	<p>Contact Name: <u>Debbie Monschke</u> First and Last Name (Print)</p> <p>Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)</p> <p><u>P O Box 2387</u> Address</p> <p><u>Denton</u> <u>TX</u> <u>76201</u> City State Zip</p>	<p>For the new Pool Account being established, this Contact may:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> View Account information.<input checked="" type="checkbox"/> Initiate transactions.<input checked="" type="checkbox"/> Open and close Accounts.<input checked="" type="checkbox"/> Change banking instructions and Account information.<input checked="" type="checkbox"/> Assign permissions to and establish other Contacts.<input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
2.	<p>Contact Name: <u>Vicki Garcia</u> First and Last Name (Print)</p> <p>Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)</p> <p><u>P O Box 2387</u> Address</p> <p><u>Denton</u> <u>TX</u> <u>76201</u> City State Zip</p>	<p>For the new Pool Account being established, this Contact may:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> View Account information.<input checked="" type="checkbox"/> Initiate transactions.<input checked="" type="checkbox"/> Open and close Accounts.<input checked="" type="checkbox"/> Change banking instructions and Account information.<input checked="" type="checkbox"/> Assign permissions to and establish other Contacts.<input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
3.	<p>Contact Name: <u>Julie J. Simpson</u> First and Last Name (Print)</p> <p>Mailing Address: <u>P O Box 2387</u> Agency Name (If Applicable)</p> <p><u>Denton</u> Address</p> <p><u>Denton</u> <u>TX</u> <u>76201</u> City State Zip</p>	<p>For the new Pool Account being established, this Contact may:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> View Account information.<input checked="" type="checkbox"/> Initiate transactions.<input checked="" type="checkbox"/> Open and close Accounts.<input checked="" type="checkbox"/> Change banking instructions and Account information.<input checked="" type="checkbox"/> Assign permissions to and establish other Contacts.<input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>



ACCOUNT APPLICATION – PAGE 2

Questions? Call 1-866-839-8376

General

(New Account name to display on Pool records)

75 -6001311

(Taxpayer Identification Number)

4. CONTACT INFORMATION: (Contact must be previously established with the Pool.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
Contact Name: <u>Dr. Jamie Wilson</u> First and Last Name (Print)	For the new Pool Account being established, this Contact may:
Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)	<input checked="" type="checkbox"/> View Account information.
<u>P O Box 2387</u> Address	<input checked="" type="checkbox"/> Initiate transactions.
<u>Denton</u> <u>TX</u> <u>76201</u> City State Zip	<input checked="" type="checkbox"/> Open and close Accounts.
	<input checked="" type="checkbox"/> Change banking instructions and Account information.
	<input checked="" type="checkbox"/> Assign permissions to and establish other Contacts.
	<input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper.
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5. CONTACT INFORMATION: (Contact must be previously established with the Pool.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
Contact Name: <u>Elizabeth Cuadrado</u> First and Last Name (Print)	For the new Pool Account being established, this Contact may:
Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)	<input checked="" type="checkbox"/> View Account information.
<u>P O Box 2387</u> Address	<input type="checkbox"/> Initiate transactions.
<u>Denton</u> <u>TX</u> <u>76201</u> City State Zip	<input type="checkbox"/> Open and close Accounts.
	<input type="checkbox"/> Change banking instructions and Account information.
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- Contact Record (New Contacts Only)
- ACH Setup Instructions
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CERTIFICATION & SIGNATURE: (Please have a Contact per Pool records who is authorized to open new Accounts sign below.)

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Debbie Monschke

Print or Type Name of Authorized Signatory

X

Authorized Signature

Asst Supt Administrative Services

Title/Position

Date

POOL USE ONLY: (Please fax or mail this document to the Client Services Group for their signature below.)

X

TexasTERM Representative Signature

Date

X

Principal Approval Signature

Date

Any document received by email will not be accepted. Please send by fax or mail.

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MAIL TO: TexasTERM Client Services Group
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POOL USE ONLY

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TexasTERM ACCOUNT #:

(Pool Use Only)

INVESTOR INFORMATION: (Please complete all fields in this section.)

CSGV2017.06

Investor Name: Denton ISD
(Name that appears on Pool records)

TIN: 75 - 6001311
(Taxpayer Identification Number)

Account Title: Debt Service
(New Account name to display on Pool records and Statements)

Is this account being set up for bond proceeds? ☒ No ☐ Yes (If yes, please complete the TexasTERM Bond Issue Information - Schedule A and send with this document.)

Pay dividends by reinvestment in: ☒ This Account ☐ Other TexasTERM Account: _____
(Account Number or Account Name)

INVESTMENT OPTIONS: (Please select the investment option(s) that your Entity may invest in.)

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the moneys to be invested.

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1.	CONTACT INFORMATION: (Contact must be previously established with the Pool.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
	<p>Contact Name: <u>Debbie Monschke</u> First and Last Name (Print)</p> <p>Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)</p> <p><u>P O Box 2387</u> Address</p> <p><u>Denton</u> <u>TX</u> <u>76201</u> City State Zip</p>	<p>For the new Pool Account being established, this Contact may:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> View Account information.<input checked="" type="checkbox"/> Initiate transactions.<input checked="" type="checkbox"/> Open and close Accounts.<input checked="" type="checkbox"/> Change banking instructions and Account information.<input checked="" type="checkbox"/> Assign permissions to and establish other Contacts.<input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
2.	<p>Contact Name: <u>Vicki Garcia</u> First and Last Name (Print)</p> <p>Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)</p> <p><u>P O Box 2387</u> Address</p> <p><u>Denton</u> <u>TX</u> <u>76201</u> City State Zip</p>	<p>For the new Pool Account being established, this Contact may:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> View Account information.<input checked="" type="checkbox"/> Initiate transactions.<input checked="" type="checkbox"/> Open and close Accounts.<input checked="" type="checkbox"/> Change banking instructions and Account information.<input checked="" type="checkbox"/> Assign permissions to and establish other Contacts.<input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
3.	<p>Contact Name: <u>Julie J. Simpson</u> First and Last Name (Print)</p> <p>Mailing Address: <u>P O Box 2387</u> Agency Name (If Applicable)</p> <p><u>Denton</u> Address</p> <p><u>Denton</u> <u>TX</u> <u>76201</u> City State Zip</p>	<p>For the new Pool Account being established, this Contact may:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> View Account information.<input checked="" type="checkbox"/> Initiate transactions.<input checked="" type="checkbox"/> Open and close Accounts.<input checked="" type="checkbox"/> Change banking instructions and Account information.<input checked="" type="checkbox"/> Assign permissions to and establish other Contacts.<input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>



ACCOUNT APPLICATION – PAGE 2

Questions? Call 1-866-839-8376

Debt Service

(New Account name to display on Pool records)

75 -6001311

(Taxpayer Identification Number)

4. CONTACT INFORMATION: (Contact must be previously established with the Pool.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
<p>Contact Name: <u>Dr. Jamie Wilson</u> First and Last Name (Print)</p> <p>Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)</p> <p><u>P O Box 2387</u> Address</p> <p><u>Denton</u> <u>TX</u> <u>76201</u> City State Zip</p>	<p>For the new Pool Account being established, this Contact may:</p> <p><input checked="" type="checkbox"/> View Account information. <input checked="" type="checkbox"/> Initiate transactions. <input checked="" type="checkbox"/> Open and close Accounts. <input checked="" type="checkbox"/> Change banking instructions and Account information. <input checked="" type="checkbox"/> Assign permissions to and establish other Contacts. <input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper.</p> <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
5. CONTACT INFORMATION: (Contact must be previously established with the Pool.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
<p>Contact Name: <u>Elizabeth Cuadrado</u> First and Last Name (Print)</p> <p>Mailing Address: <u>Denton ISD</u> Agency Name (If Applicable)</p> <p><u>P O Box 2387</u> Address</p> <p><u>Denton</u> <u>TX</u> <u>76201</u> City State Zip</p>	<p>For the new Pool Account being established, this Contact may:</p> <p><input checked="" type="checkbox"/> View Account information. <input type="checkbox"/> Initiate transactions. <input type="checkbox"/> Open and close Accounts. <input type="checkbox"/> Change banking instructions and Account information. <input type="checkbox"/> Assign permissions to and establish other Contacts. <input checked="" type="checkbox"/> Receive statements <input type="checkbox"/> Electronic (EON) or <input checked="" type="checkbox"/> Paper.</p> <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>

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Debbie Monschke

Print or Type Name of Authorized Signatory

X

Authorized Signature

Asst Supt Administrative Services

Title/Position

Date

POOL USE ONLY: (Please fax or mail this document to the Client Services Group for their signature below.)

X

TexasTERM Representative Signature

Date

X

Principal Approval Signature

Date

Any document received by email will not be accepted. Please send by fax or mail.

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