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.

					i exas i	EKM ACCOUNT#:	
							(Pool Use Only)
	INVESTOR INFO	ORMATION: (Please compl	ete all fie	lds in this section ,		Will Strain Comme	CSGV2917 0
	Investor Name:	Denton ISD				TIN:	75 - 6001311
	Account Title:	(Name 2018 Bond Series 20		ears on Pool records))		(Taxpayer Identification Number)
				(New Account n	ame to display on Pool record	Is and Statements)	
	Is this account l	being set up for bond proced	eds?	□ No ✓ Yes	S (If yes, please complete the Tex	asTERM Bond Issue Informati	ion – Schedule A and send with this docume
	Pay dividends b	y reinvestment in: 🗸 This Ad	ccount	Other TexasTE	RM Account:	(Account Number	er or Account Name)
I	NVESTMENT OF	PTIONS: (Please select the in	nvestme	nt option(s) that ve	our Entity may invest in)	514 B B 1 1 1 1 1 1 1 1	
	As a Contact authorized	to make investment decisions for the ortfolio and TexasTERM Port	e Entity lis			w are permitted investmen	nts for the moneys to be invested.
S	ERVICES : (Please	select the services that your E	ntity is ir	nterested in Arep	resentative from the Clier	nt Services Group will	contact you to discuss)
C	Note: If a wire/ACH ban Account's balance and a	hase/Redemption V Whiting instruction is not established for any accrued dividend via check. Shouls ISSIONS: (Please complete	this Accou Id such an		ested must be distributed to the will be sent to the Investor's add	7/10	
1		DRMATION: (Contact must be previou					ct all permissions that apply)
	Contact Name: Mailing Address:	Debbie Monschke First and Last Name (Print)	TX State	76201 Zip	For the new Pool Acc View Accour Initiate trans Open and cl Change ban Assign perm Receive state	ount being established, to information. sactions. lose Accounts. king instructions and Accounts to and establish to and establish to the saction of the sact	this Contact may: count information, other Contacts.
2.	CONTACT INFO	DRMATION: (Contact must be previou	isly establis	hed with the Pool.)	CONTACT PE	RMISSIONS: (Please selé	ct all permissions that apply.)
	Mailing Address:]	Vicki Garcia First and Last Name (Print) Denton ISD Agency Name (If Applicable) P O Box 2387 Address Denton City	TX State	76201 Zip	✓ View Accour ✓ Initiate trans ✓ Open and cl ✓ Change ban ✓ Assign perm ✓ Receive state	ose Accounts. king instructions and Acc issions to and establish o ements Electronic (EC	count information. other Contacts.
3.	CONTACT INFO	DRMATION: (Contect must be previou	islv establis	hed with the Pool)	CONTACT PE	RMISSIONS: (Please sate	ct all permissions that apply)
	Contact Name: Mailing Address:]	Julie J. Simpson First and Last Name (Print)			For the new Pool Account View Account Initiate trans Open and cl	ount being established, t	this Contact may:
	l .	Denton	TX	76201	✓ Receive state	ements Electronic (E0	ON) or 🗸 Paper
	1	City	State	7ip	*Contact must be on rec	ord. All new Contacts must o	complete a Contact Record form.



ACCOUNT APPLICATION - PAGE 2

Questions? Call 1-866-839-8376

2018 Bond Series 2018

75 -6001311

(New Account name to display on Pool records)

(Taxpayer Identification Number)

119		THE RESIDENCE OF THE PARTY OF T				16
4.	CONTACT INF	ORMATION: (Contact must be prev	iously establ	shed with the Pool)	CONTACT PERMISSIONS: (Please sele	ct all permissions that apply)
	Contact Name:	Dr. Jamie Wilson			For the new Pool Account being established,	his Contact may:
		First and Last Name (Print)			✓ View Account information.	
	Mailing Address:	Denton ISD			✓ Initiate transactions.	
		Agency Name (If Applicable)			Open and close Accounts.	
		P O Box 2387			Change banking instructions and Acc	
		Address Denton	TX	76201	Assign permissions to and establish of Receive statements Electronic (E	
		City	State	70201 Zip	*Contact must be on record, All new Contacts must be	
L		City ====================================	State		estituti se sirrecologi, ilinici estituti si	omplete a contact Necora form
5.	CONTACT INF	ORMATION: (Contact must be prev	iously establ	shed with the Pool.)	CONTACT PERMISSIONS: (Please sele-	rt all permissions that apply)
	Contact Name:	Elizabeth Cuadrado			For the new Pool Account being established, t	his Contact may:
1		First and Last Name (Print)			View Account information.	
	Mailing Address:	Denton ISD			Initiate transactions.	
1		Agency Name (If Applicable)			Open and close Accounts.	
١		P O Box 2387	_		Change banking instructions and Acc	
1		Address	TV	76201	Assign permissions to and establish o	
1		Denton	TX	76201	Receive statements Electronic (E	·
L		City	State	Zìp	*Contact must be on record. All new Contacts must o	omplete a Contact Record form.
Þ	PTIONAL DOC	CUMENTATION: (In addit	tion to thi	s form, the following a	ocuments are optional.)	
	Contact	Record (New Contacts Only)		ACH Setup Instructions	Wire Setup Instructions	
<u>.</u> E	RTIFICATION	& SIGNATURE: (Please I	nave a Co	ntact per Pool records	who is authorized to open new Accounts sig	n below)
-	he Contact signing	below has full authorization to op	en Accoun	ts on behalf of the Invest	or listed above and should meet one the following	criteria:
	For a current	t Investor this section must be sig	aned by a (ontact who is currently a	uthorized to open Accounts per Pool records; or	
					tification section of the New Investor Application.	
1	he Pool reserves the	right to request proof of authori	ty in the fo	rm of election certification	n, board minutes, resolutions, fiduciary trusts agre	ement, etc. when opening Accounts
ĉ	and assigning permi	ssions with the Pool.				
	Debbie Mo	nachka			Aget Sunt Administrative	Convisoo
					Asst Supt Administrative	Services
	Print or Type Nar	ne of Authorized Signatory			Title/Position	
	×					
-	Authorized Signa	ature			Date	
, C	OL USE ONL	Y: (Please fax or mail this do	rument to	o the Client Services G	roup for their signature below.)	The second second
	701 001 0111	(rease tax of man cms co.	corner co	o the enem services of	eap resumen signature below.	
,					× /	
1	<u>×</u>			? 	X	
	TexasTERM Repre	esentative Signature		Date	Principal Approval Signature	Date
Ar	y document received	d by email will not be accepted. I	Please se <u>n</u> c	d by fax or mail		POOL USE ONLY
		M Client Services Group			RM Client Services Group	V2017.06 DATE INITIALS
	1-800-252	-9551		P.O. Box		Processed
					rg PΔ 17108-1760	Confirmed

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.

					lexasiEk	M ACCOUNT #:	
							(Pool Use Only)
	NVESTOR INFO	ORMATION: (Please co	mplete all fie	elds in this section			CSGV2017 0
-	Investor Name	: Denton ISD				TIN:	75 - 6001311
	A Title	General	Name that app	ears on Pool records)		(Taxpayer Identification Number)
	Account Title:	General		(New Account n	name to display on Pool records a	nd Statements)	
	Is this account	being set up for bond pr	oceeds?	✓ No ☐ Ye	s (If yes, please complete the TexasTE	RM Bond Issue Informat	ion – Schedule A and send with this docume
	Pay dividends l	by reinvestment in: 🗹 Th	nis Account	Other TexasTE	RM Account:		
						(Account Numb	er or Account Name)
11	NVESTMENT O	PTIONS: (Please select t	he investme	nt option(s) that ye	our Entity may invest in)		
		d to make investment decisions Portfolio and TexasTERM		sted above, I certify tha	at the selected investments below a	re permitted investme	nts for the moneys to be invested.
S	ERVICES: (Please	e select the services that yo	our Entity is in	nterested in. A rep	presentative from the Client S	Services Group will	contact you to discuss)
	ACH Bure	:hase/Redemption	7 Wire Bur	:hase/Redemptio	n		
		•	_			ity listed above, the Po	ol reserves the right to distribute this
						The Charles of	
C	ONTACT PERM	IISSIONS: (Please com	plete the info	ormation below to	add or update each Contact	's permissions for t	this Account)
1.	CONTACT INF	ORMATION: (Contact must be p	reviously establis	hed with the Pool.)	CONTACT PERM	IISSIONS: (Please sele	ect all permissions that apply.)
	Contact Name:	Debbie Monschke			For the new Pool Accour	nt being established,	this Contact may:
	9	First and Last Name (Print)			✓ View Account in	formation.	
	Mailing Address:				/ Initiate transact		
		Agency Name (If Applicable) P O Box 2387			Open and close	e Accounts. g instructions and Ac	count information
		Address				ons to and establish	
		Denton	TX	76201	✓ Receive statem	ents 🔲 Electronic (E	ON) or Paper.
		City	State	Zíp	*Contact must be on record	. All new Contacts must	complete a Contact Record form.
2.	CONTACT INF	ORMATION: (Contact must be p	reviously establis	hed with the Pool)	CONTACT PERM	IISSIONS: (Please sele	ect all permissions that apply.)
	Contact Name:	Vicki Garcia			For the new Pool Accour	it being established,	this Contact may:
	3	First and Last Name (Print)			View Account in		
	Mailing Address:				✓ Initiate transact		
		Agency Name (If Applicable) P O Box 2387			✓ Open and close ✓ Change bankin	g instructions and Ac	count information.
		Address			=	ons to and establish	
		Denton	TX	76201		ents Electronic (E	
		City	State	Zip	*Contact must be on record	. All new Contacts must	complete a Contact Record form.
з.	CONTACT INFO	ORMATION: (Contact must be p	reviously establis	hed with the Pool)	CONTACT PERM	IISSIONS: (Piease seie	ect all permissions that apply)
Ì	Contact Name:	Julie J. Simpson			For the new Pool Accour	it being established,	this Contact may:
		First and Last Name (Print)			✓ View Account in	formation.	,
		P O Box 2387			Initiate transact		:-
		Agency Name (If Applicable) Denton			✓ Open and close	Accounts g instructions and Ac	count information
		Address				g instructions and Ac ons to and establish	
		Denton	TX	76201		ents Electronic (E	
	-	City	State	Zip	*Contact must be on record	All new Contacts must	complete a Contact Record form.



ACCOUNT APPLICATION - PAGE 2

Questions? Call 1-866-839-8376

	General				
		1)	New Account name to	display on Pool records)	(Taxpayer Identification Number
CONTACT INF	ORMATION: (Contact must be previ	ously establis	shed with the Pool)	CONTACT PERMISSIONS: (Plea	ase select all permissions that apply.)
Contact Name:	Dr. Jamie Wilson			For the new Pool Account being establi	shed, this Contact may:
	First and Last Name (Print)			✓ View Account information.	
Mailing Address:	Denton ISD			Initiate transactions.	
	Agency Name (If Applicable)			Open and close Accounts.	I A A lufa Ala-
	P O Box 2387 Address			Change banking instructions aAssign permissions to and esta	
	Denton	TX	76201	Receive statements Electro	
	City	State	Zip	*Contact must be on record. All new Contact:	
		2 2 2 10	W. L. 1807	CONTACT BEDMISSIONS (S)	COLON TAX IN TAX III
	ORMATION: (Contact must be previous	ously establis	shed with the Pool.)	CONTACT PERMISSIONS: (Plea	
Contact Name:	Elizabeth Cuadrado			For the new Pool Account being establi	ished, this Contact may:
Mailing Address	First and Last Name (Print) Denton ISD			✓ View Account information. ☐ Initiate transactions.	
Mailing Address:	Agency Name (If Applicable)			Open and close Accounts.	
	P O Box 2387			Change banking instructions a	and Account information.
	Address			Assign permissions to and esta	ablish other Contacts.
	Denton	TX	76201	Receive statements Electro	onic (EON) or 🗹 Paper.
	City	State	Zip	*Contact must be on record. All new Contact	s must complete a Contact Record form.
	Record (New Contacts Only)		ACH Setup Instructio	g documents are optional.) ns • Wire Setup Instructions	- Wo - II o I soci - No I soci
• Contact F	Record (New Contacts Only)	j . € 7	ACH Setup Instructio		nts sign below.)
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• Contact F TIFICATION • Contact signing ! • For a current	Record (New Contacts Only) & SIGNATURE: (Please has below has full authorization to operation to significant t	nave a Con en Accoun	ACH Setup Instruction ntact per Pool recorts on behalf of the Invitority of the Invi	ns • Wire Setup Instructions ds who is authorized to open new Accour	llowing criteria: s; or
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• Contact F TIFICATION • Contact signing b • For a current • For a new Inv • Pool reserves the d assigning permis	Record (New Contacts Only) & SIGNATURE: (Please has below has full authorization to open investor, this section must be signed at the section must be section must be signed at the section must be section must be section must be section must be section.	nave a Con en Accoun gned by a C d by the Co	ACH Setup Instruction tact per Pool recorts on behalf of the Invited that the contact who is currently ontact who signed the	wire Setup Instructions ds who is authorized to open new Account estor listed above and should meet one the fol y authorized to open Accounts per Pool record certification section of the New Investor Application, board minutes, resolutions, fiduciary trust Asst Supt Administrati	llowing criteria: s; or cation. ts agreement, etc. when opening Accou
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• Contact F TIFICATION Contact signing 1 • For a current • For a new Inv Pool reserves the assigning permis ebbie Morint or Type Nan	Record (New Contacts Only) & SIGNATURE: (Please In the pelow has full authorization to open investor, this section must be signed at the pelow to request proof of authorities in the Pool. Inschke The proof of Authorized Signatory	nave a Con en Accoun gned by a C d by the Co	ACH Setup Instruction tact per Pool recorts on behalf of the Invited that the contact who is currently ontact who signed the	wire Setup Instructions ds who is authorized to open new Account estor listed above and should meet one the folly authorized to open Accounts per Pool record certification section of the New Investor Application, board minutes, resolutions, fiduciary trust Asst Supt Administrati Title/Position	llowing criteria: s; or cation. ts agreement, etc. when opening Accou
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• Contact F TIFICATION • Contact signing become in the second of the s	Record (New Contacts Only) & SIGNATURE: (Please In the plane) below has full authorization to operation to the property of the section must be signed as a section must be signed. Signature of Authorized Signatory as a section must be signed.	nave a Congred by a Cod by the Cod	ACH Setup Instruction ntact per Pool records on behalf of the Invited Sontact who is currently ontact who signed the time of election certification.	who is authorized to open new Account estor listed above and should meet one the follow authorized to open Accounts per Pool record certification section of the New Investor Application, board minutes, resolutions, fiduciary trust Asst Supt Administration Title/Position	llowing criteria: s; or cation. ts agreement, etc. when opening Accou
TIFICATION Contact signing be For a current For a new Investment of Assigning permis Pebbie Morint or Type Nandauthorized Signal	Record (New Contacts Only) & SIGNATURE: (Please has below has full authorization to oper Investor, this section must be signed as the section must be signe	nave a Congred by a Cod by the Cod	ACH Setup Instruction tact per Pool recornition to the Invite Son behalf of the Invite Sontact who is currently ontact who signed the rim of election certification to the Client Services of the Client Services	wire Setup Instructions ds who is authorized to open new Account estor listed above and should meet one the folly authorized to open Accounts per Pool record certification section of the New Investor Application, board minutes, resolutions, fiduciary trust Asst Supt Administrati Title/Position Date Group for their signature below.)	Illowing criteria: s; or cation. ts agreement, etc. when opening Accou
Contact FIFICATION Contact signing S For a current For a new Inv Pool reserves the assigning permis Cobie Modint or Type Nanuthorized Signal	Record (New Contacts Only) & SIGNATURE: (Please In the plane) below has full authorization to operation to the property of the section must be signed as a section must be signed. Signature of Authorized Signatory as a section must be signed.	nave a Congred by a Cod by the Cod	ACH Setup Instruction ntact per Pool records on behalf of the Invited Sontact who is currently ontact who signed the time of election certification.	who is authorized to open new Account estor listed above and should meet one the follow authorized to open Accounts per Pool record certification section of the New Investor Application, board minutes, resolutions, fiduciary trust Asst Supt Administration Title/Position	llowing criteria: s; or cation. ts agreement, etc. when opening Accou
• Contact F TIFICATION Contact signing I • For a current • For a new Inv • Pool reserves the I assigning permis ebbie Morint or Type Namuthorized Signal OL USE ONL	Record (New Contacts Only) & SIGNATURE: (Please has below has full authorization to oper Investor, this section must be signed as the section must be signe	nave a Cor gned by a Cod by the Co ty in the for	ACH Setup Instruction tact per Pool records on behalf of the Investment of the Investment who is currently ontact who signed the rem of election certification of the Client Services.	wire Setup Instructions ds who is authorized to open new Account estor listed above and should meet one the folly authorized to open Accounts per Pool record certification section of the New Investor Application, board minutes, resolutions, fiduciary trust Asst Supt Administrati Title/Position Date Group for their signature below.)	llowing criteria: s; or cation. ts agreement, etc. when opening Accou
• Contact F TIFICATION • Contact signing I • For a current • For a new Inv • Pool reserves the I assigning permis • Ebbie Mo rint or Type Nan uthorized Signa DL USE ONL	Record (New Contacts Only) & SIGNATURE: (Please In the pollow has full authorization to open through the pollow has full authorization to open through the section must be signed at the pollow of th	nave a Cor gned by a Cod by the Co ty in the for	ACH Setup Instruction tact per Pool reconstruction to some behalf of the Investment of the Investment of the Contact who is currently on tact who signed the rem of election certification of the Client Services. Date by fax or mail. MAIL TO: Texas	wire Setup Instructions ds who is authorized to open new Account estor listed above and should meet one the folly authorized to open Accounts per Pool record certification section of the New Investor Application, board minutes, resolutions, fiduciary trust Asst Supt Administrati Title/Position Date Group for their signature below.)	Illowing criteria: s; or cation. ts agreement, etc. when opening Accou

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.

					Texas	TERM ACCOUNT #:	
							(Pool Use Only)
	INVESTOR INF	ORMATION: (Please co	mplete all fi	elds in this section			CSGV2017.0
	Investor Name	: Denton ISD				TIN:	75 - 6001311
			Name that app	pears on Pool records)		(Taxpayer Identification Number)
	Account Title:	Debt Service		(NI A A	Delice Design	I — I manufactura anula Art	
			1.0		name to display on Pool recor	C-E-75-Gas included in Ex-	
	is this account	being set up for bond p	roceeds?	✓ No ☐ Ye	es (If yes, please complete the Tex	asTERM Bond Issue Informat	tion – Schedule A and send with this docume
	Pay dividends	by reinvestment in: 🔽 T	his Account	Other TexasTE	RM Account:	(Account Numb	er or Account Name)
10	NVESTMENT	DTIONS: (011			\	(Account Numb	er of Account Name)
11)		PTIONS: (Please select				w are permitted investme	nts for the moneys to be invested.
		Portfolio and TexasTERM		,			,
S	ERVICES: (Pleas	e select the services that y	our Entity is i	nterested in A rep	presentative from the Clie	nt Services Group will	contact you to discuss)
	✓ ACH Pur	chase/Redemption	✓ Wire Pur	chase/Redemptio	n.		
		· -		•		Entity listed above, the Po	ol reserves the right to distribute this
_	THE RESERVE TO STATE OF STREET	A VINE IN I		The second second	CONTRACTOR OF THE STATE OF THE	AND DESCRIPTION OF THE PARTY.	
_	ONTACT PERIV	IISSIONS: (Please com	plete the inf	ormation below to	add or update each Cont	act's permissions for	this Account)
1.		ORMATION: (Contact must be p	previously establi	shed with the Pool.)	CONTACT PE	RMISSIONS: (Please seli	ect all permissions that apply.)
	Contact Name:	Debbie Monschke			For the new Pool Acc	ount being established,	this Contact may:
	Marilia a Addanas	First and Last Name (Print) Denton ISD			Towns or the last of the last	nt information.	
	Walling Address:	Agency Name (If Applicable)			Initiate tran. Open and c	lose Accounts.	
		P O Box 2387				king instructions and Ad	
		Address Denton	TX	76201		nissions to and establish	
		City	State	70201 Zip		ements Electronic (E	complete a Contact Record form.
		City	51010	26	advitace mast be diffe	cord, viir new contacts mast	complete a contact nacora romn
2.	CONTACT INF	ORMATION: (Contact must be p	previously establi	shed with the Pool.)	CONTACT PE	RMISSIONS: (Please sele	ect all permissions that apply)
	Contact Name:	Vicki Garcia			For the new Pool Acc	ount being established,	this Contact may:
	Mailing Address:	First and Last Name (Print)			-	nt information.	
	ivialling Address:	Agency Name (If Applicable)			Initiate trans	lose Accounts.	
		P O Box 2387				king instructions and Ac	count information.
		Address	773.7	7.001		issions to and establish	
		Denton	TX	76201		ements Electronic (E	
		City	State	Zip	"Contact must be on re	cora. All new Contacts must	complete a Contact Record form.
3.	CONTACT INF	ORMATION: (Contact must be p	reviously establi	shed with the Pool.)	CONTACT PE	RMISSIONS: (Please sele	ect all permissions that apply)
	Contact Name:	Julie J. Simpson			For the new Pool Acc	ount being established,	this Contact may:
		First and Last Name (Print)		•	-	nt information.	
	Mailing Address:	P O Box 2387 Agency Name (If Applicable)			Initiate trans	sactions. Jose Accounts.	
		Denton			provides	king instructions and Ac	count information.
	X	Address	(T) = T	5.0001	Assign perm	issions to and establish	other Contacts.
	1	Denton	TX	76201		ements Electronic (E	
		City	State	Zip	*Contact must be on re	cord. All new Contacts must	complete a Contact Record form



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

TexasTERM Client Services Group

1-800-252-9551

MAIL TO:

TexasTERM Client Services Group

Harrisburg, PA 17108-1760

P.O. Box 11760

FAX TO:

ACCOUNT APPLICATION - PAGE 2

Questions? Call 1-866-839-8376

	Debt S	ervice			75 -6001311
		(1	New Account name to d	isplay on Pool records)	(Taxpayer Identification Number)
				CONTACT PERMISSIONS	ILF of a Union on Manhaman
	ORMATION: (Contact must be pre	viously establi.	thed with the Paol)		: (Please select all permissions that apply.)
	Dr. Jamie Wilson First and Last Name (Print) Denton ISD Agency Name (If Applicable) P O Box 2387			For the new Pool Account being expension View Account information Initiate transactions. Open and close Accounts	1.
	Address Denton City	TX	76201 Zip	Assign permissions to and Receive statements E	
. CONTACT INF	ORMATION: (Contact must be pre	viously establi.	thed with the Pool.)	CONTACT PERMISSIONS	: (Flease select all permissions that apply.)
	Elizabeth Cuadrado First and Last Name (Print) Denton ISD Agency Name (If Applicable) P O Box 2387 Address				n.
	Denton City	TX	76201 Zlp	Receive statements E	lectronic (EON) or Paper, ontacts must complete a Contact Record form,
DETIONAL DOC	CHARMATION &			TO A THINK TO A STATE OF	THE SECTION OF SEPARATOR
200 3 400	CUMENTATION: (In addanged) Record (New Contacts Only)		S form, the following ACH Setup Instruction		ika 1948 - Sanska Isa Kalenda, Isl
ERTIFICATION	& SIGNATURE: (Please	have a Coi	ntact per Pool record	s who is authorized to open new Ac	counts sign below.)
The Contact signing	below has full authorization to c	pen Accoun	ts on behalf of the Inve	tor listed above and should meet one th	ne following criteria:
				authorized to open Accounts per Pool re ertification section of the New Investor A	
The Pool reserves the and assigning permis		rity in the fo	m of election certificati	on, board minutes, resolutions, fiduciary	trusts agreement, etc. when opening Accounts
Debbie Mo	onschke			Asst Supt Administr	rative Services
	ne of Authorized Signatory			Title/Position	
Authorized Signa	ature			Date	
OOL USE ONL	Y: (Please fax or mail this d	ocument to	the Client Services	Group for their signature below.)	
×				×	
TexasTERM Repre	esentative Signature		Date	Principal Approval Signature	Date

INITIALS

POOL USE ONLY

DATE

V2017.06

Processed

Confirmed