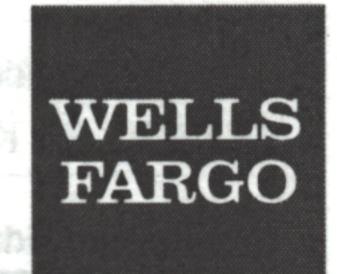
Authorization For Information





Banker Name: THOMAS HILL		Officer/Portfolio Number:	Date: 12/30/2019	
		A7790		
Banker Phone:	Branch Number:	Banker AU:	Banker MAC:	
610/586-2200	09258	0068157	Y1328-010	

Business Account Applicant

Business Name:

ACCESS CARE HUMAN SERVICES LLC

Enterprise Customer Number (ECN):

432025341719114

Owner/Key Individual 1 Information

Customer Name:			Residence Address:	
HENRY S KOLLIE JR			941 SOUTH AVE APT A24	
Enterprise Customer Number (ECN):			Address Line 2:	
72510501260589	97			
Position/Title:	Date of Birth:	Phone Number:	Address Line 3:	
	11/05/1965	267/319-6952		
Taxpayer Identification Number (TIN): TIN Type:			City:	State:
468-39-7138	SSN		SECANE	PA
Primary ID Type: Primary ID Description:			ZIP/Postal Code:	Country:
DLIC	30 008 244		19018-3423	US
Primary ID St/Ctry/Prov:	Primary ID Issue Date:	Primary ID Expiration Date:	Directional Address:	
PA	05/06/2017	11/06/2020	(Document when no physical residence, business or alternate street address.)	
Secondary ID Type:	Secondary ID Description:			
OTHR DC WELLS FARGO 2426				
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:		
		09/30/2023		

Signature Capture - Owners/Key Individuals

By signing this form, I authorize Wells Fargo Bank, N.A. ("the Bank") to obtain verifications and reports from time to time, such as credit bureau reports and account status reports on me as an individual, in connection with the business account application for the above-named business and any other account applications by this business. I understand the Bank requests this information for legitimate business reasons including reducing fraudulent accounts and preventing access to financial information and accounts by unauthorized persons. Should the information obtained from any such report cause the Bank to deny the account application for the business, I also authorize the Bank to communicate, either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the business that the denial was based in whole or in part on such information. I also authorize the Bank to use such information and to share it with its affiliates in order to determine whether the business is qualified for other products and services offered by the Bank and its affiliates.

Customer Gopy