

Authorization For Information

In Connection With A Business Account Application

WELLS
FARGO

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

Business Account Applicant

Business Name:	ACCESS CARE HUMAN SERVICES LLC
Enterprise Customer Number (ECN):	432025341719114

Owner/Key Individual 1 Information

Customer Name:	HENRY S KOLLIE JR			Residence Address:	941 SOUTH AVE APT A24		
Enterprise Customer Number (ECN):	725105012605897			Address Line 2:			
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 Copy