

# Addendum To Certificate Of Authority

## For Changes To Authorized Signers On Business Deposit Accounts



Host Status:

Host Update Successful

Bank Name: WELLS FARGO BANK, N.A. Branch Name: CLEARWATER CROSSING

Banker Name: MARIA TERESA REYES Officer/Portfolio Number: L8314 Date: 07/05/2022

Banker Phone: 770/967-4734 Branch Number: 08314 Banker AU: 0067032 Banker MAC: G0233-010

Use this Addendum when Authorized Signers are being added or deleted to a Certificate of Authority currently on file for a business customer and a new, signed Certificate of Authority has not been obtained.

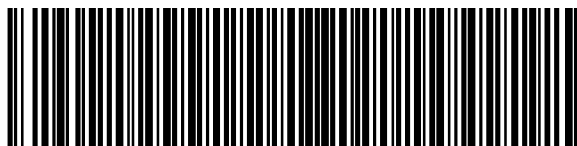
Business Name: WYNDHAM PARK HOMEOWNERS COID: 297 Product: DDA Account Number: 2000135375064

### Authorized Signers

Authorized Signer Name(s):	Relationship Status:
KAREN TAYLOR BURBEY	<input checked="" type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input type="checkbox"/> Delete
LEANNE LUTTRELL	<input type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input checked="" type="checkbox"/> Delete
RACHEL E CAFARELLA	<input type="checkbox"/> Existing/Remaining <input checked="" type="checkbox"/> New <input type="checkbox"/> Delete

### Authorized Signer 1 Information

Authorized Signer Name: KAREN TAYLOR BURBEY	Residence Address: 4030 LENOX PARK DR
Occupation: Executive, Professional, Semi-Prof	Address Line 2:
Position/Job Title: CSM	Date of Birth: 08/19/1969
Address Line 3:	
Taxpayer Identification Number (TIN): [REDACTED]-9348	TIN Type: SSN
City: BUFORD	State: GA
Primary ID Type: DLIC	Primary ID Description: [REDACTED]
ZIP/Postal Code: 30519-6209	Country: US
Primary ID St/Ctry/Prov: GA	Primary ID Issue Date: 08/13/2021
Primary ID Expiration Date: 08/19/2029	Country of Citizenship: US
Secondary ID Type: OTHR DC	Secondary ID Description: VISA CARD 9550
Secondary ID State/Country:	Permanently Resides in US:
Secondary ID Issue Date:	
Secondary ID Expiration Date: 07/30/2024	



## Authorized Signer 2 Information

Authorized Signer Name: RACHEL E CAFARELLA		Residence Address: 2785 WYNDHAM PARK DR	
Occupation: Prod, Sales, Trade, Service, Labor		Address Line 2:	
Position/Job Title: sales consultan	Date of Birth: 06/03/1987	Address Line 3:	
Taxpayer Identification Number (TIN): [REDACTED]-5613	TIN Type: SSN	City: BUFORD	State: GA
Primary ID Type: DLIC	Primary ID Description: [REDACTED]	ZIP/Postal Code: 30519-6218	Country: US
Primary ID St/Ctry/Prov: GA	Primary ID Issue Date: 10/01/2021	Primary ID Expiration Date: 06/03/2029	Country of Citizenship: US
Secondary ID Type: OTHR	Secondary ID Description: SS CARD 5613	Permanently Resides in US:	
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:	

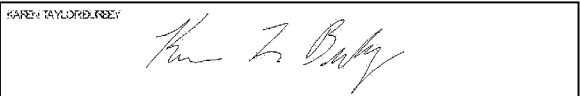
## Addendum to Certificate of Authority

Original Certificate of Authority Dated: 07/05/2022	Addendum to Certificate of Authority Dated: 07/05/2022
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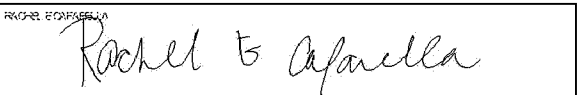
Each person signing in the "Certified/Agreed To" section below:

- directs the Bank that the additional Authorized Signers shall have all of the authority granted to the persons identified as Authorized Signers on the Certificate of Authority, including without limitation the authority to instruct the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services;
- directs the Bank to discontinue acting on the instructions of any person who has been deleted as an Authorized Signer;
- acknowledges that these modifications become effective only after this Addendum has been received by the Bank and the Bank has had a reasonable opportunity to act on it; and
- certifies that the account owner has taken all action under its organizational documents, if any, including passage of resolutions by its board of directors, trustees, or other governing body, required to make these modifications and to authorize the undersigned to execute and deliver this Addendum.

## Certified/Agreed To

Owner/Key Individual 1 Name KAREN TAYLOR BURBEY	Position/Title: CSM
Owner/Key Individual 1 Signature 	<input type="checkbox"/> Submit manually <input type="checkbox"/> Signature not required Date: 07/05/2022

## Signature Capture - New Authorized Signers

New Authorized Signer 1 Name RACHEL E CAFARELLA	Position/Title: sales consultan
New Authorized Signer 1 Signature 	<input type="checkbox"/> Submit manually <input type="checkbox"/> Signature not required Date: 07/05/2022

