

WELLS FARGO SIGNATURE CARD *U*AM*051214* UPDATE INSTRUCTIONS



NDC#1234

Amendment to Commercial Account Signature Card

Use this document to add additional/new signers or delete existing signers on an existing account(s). Please complete a separate Amendment for each separate Accountholder/Customer Legal Name(s).

I. Accountholder/Customer Legal Name: American Care, LLC

II. Account Numbers:

#1 20000123456789 ColD 182

III. Current Authorized Signers: (Must select one of the two options below)

List all authorized signers currently on the account(s): (This is the preferred method of amending signers. Signature(s) not required. Do NOT provide a partial list of existing signers.)

Current signers are listed here.

#1 Signer Name Tom Brady #2 Signer Name _____

#3 Signer Name Jane Doe #4 Signer Name _____

#5 Signer Name _____

Current authorized signers remain the same.

IV. Amendment to Authorized Signers:

Describe Requested Change(s) to Authorized Signers: (Add or Delete as specified below.)

Action Requested (Check One)	Print Name and Position/Title	Specimen Signature (Required only for persons being ADDED as authorized signers)
#1 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Jane Doe	
#2 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Jennifer Lawrence	<i>Jennifer Lawrence</i>
#3 <input type="checkbox"/> Add <input type="checkbox"/> Delete		
#4 <input type="checkbox"/> Add <input type="checkbox"/> Delete		
#5 <input type="checkbox"/> Add <input type="checkbox"/> Delete		

V. Customer Acknowledgement & Agreement

New signers will be added in section IV. If you are deleting a current signer, you will only need to print their name and check the delete box. No signature is needed. Newly added signers are required to sign in the Specimen Signature box.

: 4248

On behalf of the Customer identified above as a ne... individuals identified above as a ne... withdrawals from, the Account(s), (transfers by ACH, wire or other me... regarding these services. Each of t... authority and should not be permi... reflected on the Amendment form shall not become effective until after this form has been received by Wells Fargo and Wells Fargo had had a reasonable opportunity to act on it.

Authorized individual from the Resolution needs to print, sign and date below.

w, that each of the n and make cash or other s), and (c) initiate funds nents with Wells Fargo gner" no longer has such and agree that the changes

Printed Name	Tony Romo	Position/Title	Member/ Manager
Authorized Signature	<i>Tony Romo</i>	Date	6/11/14

Bank Use Only			
Banker Name		Banker Telephone	
Banker MAC	AU	RAU	Officer #
Submitter Name		Submitter Phone #	
Submit Edits			

Please forward the completed signature cards to the following e-mail.
CI-Team@nationaldatacare.com or
Fax to: 703-263-2575
(E-mail / PDF format is preferred)

If you have any questions, please call our Customer service team at
800-632-7367