

# Addendum To Certificate Of Authority

For Changes To Authorized Signers On Business Deposit Accounts

WELLS  
FARGO

Host Status:

Host Update Successful

Bank Name: WELLS FARGO BANK, N.A.	Store Name: WELLS FARGO CENTER		
Banker Name: ANGELA L MOORE	Officer/Portfolio Number: V2910	Date: 05/11/2016	
Banker Phone: 757/622-2740	Store Number: 09946	Banker AU: 0068950	Banker MAC: R3586-010

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/Account Information

Business Name: TIDEWATER CHAPTER VIRGINIA SOCIETY	COID: 377	Product: DDA	Account Number: 2018415004678
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## Authorized Signers

Authorized Signer Name(s):	Relationship Status:
BRIAN DEIBLER	<input type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input checked="" type="checkbox"/> Delete
ANGIE L HETHERINGTON	<input checked="" type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input type="checkbox"/> Delete
WILLIAM K STEWART	<input checked="" type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input type="checkbox"/> Delete
NICOLE WOOD-SABO	<input checked="" type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input type="checkbox"/> Delete
DEBRA A ACORS	<input type="checkbox"/> Existing/Remaining <input checked="" type="checkbox"/> New <input type="checkbox"/> Delete

## Addendum to Certificate of Authority

Original Certificate of Authority Dated:	Addendum to Certificate of Authority Dated:
	05/11/2016

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.

Customer Copy

**Certified/Agreed To**

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Owner/Key Individual 1 Name  
NICOLE WOOD-SABO

Position/Title:  
manager

---

Owner/Key Individual 1 Signature



- Submit manually
- Signature not required

Date:  
05/11/2016

---

**Certified/Agreed To**

---

Owner/Key Individual 2 Name  
ANGIE L HETHERINGTON

Position/Title:  
HOMEMAKER

---

Owner/Key Individual 2 Signature



- Submit manually
- Signature not required

Date:  
05/11/2016

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**Signature Capture - New Authorized Signers**

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New Authorized Signer 1 Name  
DEBRA A ACORS

Position/Title:  
owner

---

New Authorized Signer 1 Signature



- Submit manually
- Signature not required

Date:  
05/11/2016

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Customer Copy

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## Business/Account Information

Business Name: TIDEWATER CHAPTER VIRGINIA SOCIETY	COID: 377	Product: DDA	Account Number: 2000024663858
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## Authorized Signers

Authorized Signer Name(s):	Relationship Status:		
BRIAN DEIBLER	<input type="checkbox"/> Existing/Remaining	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Delete
ANGIE L HETHERINGTON	<input checked="" type="checkbox"/> Existing/Remaining	<input type="checkbox"/> New	<input type="checkbox"/> Delete
WILLIAM K STEWART	<input checked="" type="checkbox"/> Existing/Remaining	<input type="checkbox"/> New	<input type="checkbox"/> Delete
NICOLE WOOD-SABO	<input checked="" type="checkbox"/> Existing/Remaining	<input type="checkbox"/> New	<input type="checkbox"/> Delete
DEBRA A ACORS	<input type="checkbox"/> Existing/Remaining	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Delete

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Customer Copy

**Certified/Agreed To**

Owner/Key Individual 1 Name  
NICOLE WOOD-SABO

Position/Title:  
manager

Owner/Key Individual 1 Signature



- Submit manually
- Signature not required

Date:  
05/11/2016

**Certified/Agreed To**

Owner/Key Individual 2 Name  
ANGIE L HETHERINGTON

Position/Title:  
HOMEMAKER

Owner/Key Individual 2 Signature



- Submit manually
- Signature not required

Date:  
05/11/2016

**Signature Capture - New Authorized Signers**

New Authorized Signer 1 Name  
DEBRA A ACORS

Position/Title:  
owner

New Authorized Signer 1 Signature



- Submit manually
- Signature not required

Date:  
05/11/2016

Customer Copy