



POWER OF ATTORNEY APPLICATION FORM

(Please complete ALL information in CAPITAL letters)

Note Carefully: This application form is **NOT** the actual Power of Attorney document. On receipt of this completed application form, a formal legally binding Power of Attorney will be prepared for your signature.

1. PERSONAL INFORMATION

FULL NAME OF MEMBER ISSUING POWER OF ATTORNEY

MR. MRS. MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

TELEPHONE NOs.: Home: Mobile: Work: Ext.:

EMAIL ADDRESS:

POWER OF ATTORNEY TO BE GIVEN TO: (Give name of grantee in full)

MR. MRS. MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

TELEPHONE NOs.: Home: Mobile: Work: Ext.:

EMAIL ADDRESS:

2. PURPOSE (Please indicate the type of Power of Attorney required)

Specific (for use at the Credit Union Only – withdrawals & deposits)

General (for general use at all institutions to cover any action which the Grantor can perform – for widest use)

SIGNATURE OF MEMBER DATE (mm/dd/yyyy):

FOR OFFICIAL USE ONLY

NAME OF STAFF MEMBER VERIFYING APPLICATION FORM (please print):

SIGNATURE OF STAFF MEMBER VERIFYING APPLICATION FORM: DATE (mm/dd/yyyy):