



State Department
 Federal Credit Union
 1630 King Street
 Alexandria, Virginia 22314-2745
 703-706-5000 • 800-296-8882

SDFCU Account Number _____

Reviewed by _____

LIMITED POWER OF ATTORNEY

In effect for up to five years.

State of _____

City/County of _____

ONE: I, the undersigned _____ (your full name) of _____

_____ (full current legal address) do hereby appoint and designate

_____ (name of representative) of _____

_____ (full address of representative) as my true and lawful attorney-in-fact, in my name and on my behalf, for my

use and benefit, granting to my said attorney-in-fact full power and authority to do any of the following acts with the same consequence as

if I had done such acts personally:

A. To endorse my name upon and deliver for deposit or encashment any and all checks, drafts, money orders, travelers checks, share certificates or other orders for the payment of money, and to receive on my behalf the evidence of deposit or the proceeds from encashment;

B. To sign my name upon and deliver checks or drafts drawn upon any Credit Union, bank or other financial institution, whether against funds actually upon deposit or in anticipation of funds on deposit, or against any credit being made available to me;

C. To make inquiries about and receive any information, documents, or copies of documents concerning any account I may now or in the future have with any Credit Union, bank or other financial institution;

D. To make withdrawals by check, draft, or any other means of transfer from any account I may now or in the future have with any Credit Union, bank or other financial institution on my behalf and to receive from such institutions any check, draft, or other instrument for the payment of money on my behalf;

E. To apply for a loan of any type from any Credit Union, bank or other financial institution, to execute any documents necessary to commit me to repay such loan, whether as principal obligor, or as co-signer, surety or guarantor; to execute any documents necessary to give security or pledge of security, including documents of title or lien.

F. To have access to any safe deposit box I may maintain at any Credit Union, bank, or other financial institution and to put anything in or remove anything from such safe deposit box.

TWO: I hereby ratify and confirm all that my attorney shall lawfully do or cause to be done by virtue of this Power of Attorney.

THREE: The authority granted hereunder shall terminate on _____ (date not to exceed five years from date signed) or at such earlier time as I may revoke this authority in writing. Provided, however, that any such earlier termination shall be without effect to third parties unless they have received written notice of such termination.

In witness whereof, I have executed this Power of Attorney this _____ day of _____, 20_____.

Signature

ACKNOWLEDGMENT

State of _____

City/County of _____

I, _____ a Notary Public in and for the jurisdiction above noted, do certify that _____, whose name is signed to the Power of Attorney above, being a person either known to me or whose identity was satisfactorily proven to me, did personally appear before me in my jurisdiction this _____ day of _____, 20_____ and acknowledge such signature as his/her voluntary act and as given for the enumerated purposes.

In testimony whereof, I have affixed my signature and official seal below.

Notary Public

SEAL

My commission expires _____