

Affidavit of Attorney in Fact

Re:	Member Name		Account Number
I cer	rtify under penalties of perjury that:		
	I have been appointed and am currently serving pursuant to the validity executed power of attor	·	above referenced individual
((The power of attorney authorizes me to (withdraw from, make deposits to, draw checks and other debits upon, make payments on) the above referenced account until such time as I provide written notice to the Credit Union to the contrary. I represent that I have no knowledge of the revocation or termination of the power of attorney, including but not limited to, by reason of revocation, incapacity, (if not a durable power of attorney) or death of the above referenced individual. I agree to notify the Credit Union in writing immediately if I obtain actual knowledge of the termination or revocation of the power of attorney.		
İ	if I obtain actual knowledge of the termination of		
3. I	If I obtain actual knowledge of the termination of I hereby agree to indemnify and hold the Credit damages, judgements, costs, charges, and expand all liability, loss and damage of any nature of the from its reliance upon the attached power of renecessary expenses, attorney's fees or costs in	Union harmless from any and penses, including court costs a whatsoever that the Credit Union ferenced account(s) pursuant t	all claims, suits, actions, and attorneys' fees, against any on shall or may sustain resulting thereto. I also agree to pay any
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800.421.7111 www.SkyOne.org