



1300 New York Ave. | Washington D.C. 20577

POWER OF ATTORNEY

ACCOUNT OWNERSHIP

ACCOUNT NUMBER _____

PRIMARY OWNER _____ DOB _____ SSN _____

JOINT OWNER _____ DOB _____ SSN _____

POA

POA NAME _____ DOB _____ W8 W9 SSN _____

ID _____ ISSUED DATE _____ EXPIRATION DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

EMAIL _____ PHONE NUMBER _____

I, _____, do hereby make, constitute and appoint,
(Primary/Joint Owner)

(POA Name)

As my Attorney-in-Fact, to me and in place and steady to receive any and all monies, whether in cash or by check, money order, or otherwise, and to endorse any checks or money orders for cash, deposit, or otherwise, and further with IDB-IIC Federal Credit Union, of the District of Columbia, hereby giving unto my attorney aforesaid every right to so do as if I were personally present to act in my own right. And I further hereby ratify and confirm each and every act to be done in the premises by my said attorney and expressly relieve any and all persons transacting business with my attorney under these presents by way of cashed checks, or money orders, or withdrawals from my account(s) with said Credit Union.

ACCOUNT OWNER SIGNATURE

In Testimony Whereof, I have set my hand and seal hereto this _____ day of _____, 20____

NOTARY PUBLIC

SIGNATURE OF ATTORNEY –IN-FACT

SIGNATURE OF ACCEPTING OFFICIAL

DATE