

Durable Power of Attorney Form

To: The Coca-Cola Federal Credit Union ("Credit Union").

I, _____, living at

Member Name

Full Physical Address

Do hereby make, constitute, appoint as my true and lawful Attorney-in-Fact,

_____, living at

Full Name

Full Physical Address

On all my accounts held at the Credit Union, or
 the following accounts held at the Credit Union:

Account Number & Type	Account Number & Type	Account Number & Type

And hereby authorize this attorney-in-fact for me and in my place:

1. To sign an endorse, make, draw, accept, deposit, or deliver in my name all checks, drafts, notes, orders or other instruments for the payment of money ("Checks").
2. To open, deposit in, withdrawn from, transfer, and close deposit accounts of all types, except IRA or primary Membership Account, if the 'all my accounts' box is checked above, and maintained at the Credit Union, whether held in single or joint names or otherwise, whether restricted or unrestricted, payable in time or on demand, interest bearing or not ("Accounts"), and to pay any charges assessed for any services provided by the credit union.
3. To receive and accept delivery upon issue, reissue or otherwise, and to receipt for any items or any monies or any proceeds, of Accounts.
4. To receive and acknowledge the correctness of any statement of any Account and to receive, examine, and verify items enclosed with statements (either paper or electronic).
5. To accept and receive notices and demands of all kinds and to make affidavits of forged, lost, or stolen statement of accounts, certificates of deposit, Accounts Checks, or any other evidences of Accounts.
6. To pledge, assign, deliver, certificate of deposit, Accounts, Checks or their proceeds, or any other proceeds.
7. To do all things for me concerning Accounts (except that which would effectively terminate my membership with the Credit Union) and Checks with the same full power and authority as I might and could do if I were personally presented.

I hereby authorize and direct the Credit Union without inquiry to receive, accept, pay and/or apply any checks which are payable or endorsed to the order of my attorney-in-fact or in any other manner, and which may be deposited with, delivered, or transferred to the Credit Union or otherwise and applied in any manner my attorney-in-fact may direct. They may include but is not limited to, application for the personal credit or account of my attorney-in-fact, or in payment for my attorney-in-fact's individual obligation to the Credit Union or other, regardless of the amount of the Checks, with the same force and effect as if I had done such acts myself.

The Credit Union will not be liable for any transaction made by my attorney-in-fact. I hereby ratify all previous acts of my attorney-in-fact with the same force and effect as if such acts had been done by me after the execution and delivery of this Power of Attorney.

In consideration of the Credit Union relying on this Power of Attorney, I contract that any action my attorney-in-fact takes before the Credit Union either receives written notice of the revocation of this Power of Attorney signed by me, or has actual knowledge of the revocation of the Power of Attorney will bind me, my estate and my personal representatives.

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY-IN-FACT SHALL NOT BE TERMINATED IF I BECOME DISABLED OR INCAPACITATED.

The following is a specimen of the signature of the attorney-in-fact appointed hereby:

Signature of Attorney-in-Fact	Date
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I attest that by the use of the document I have not accepted or depended upon any advice provided by any employee of the Credit Union in the preparation of my Power of Attorney. The Credit Union does not provide legal advice and has not done so in providing this document to me.

In witness whereof, I have hereunto signed and sealed this Power of Attorney on the _____ day of _____, 20____.

Signature of Principal	Date
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State of _____)

County of _____)

On this day _____ of 20____, before me and personally appeared _____ (member's name), to me known

to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal in the county and state aforesaid, the day and year first above written.

Notary Public	Commission Expiration Date
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