



**AFFIDAVIT OF ATTORNEY-IN-FACT UNDER DURABLE POWER OF ATTORNEY**

*[For use when a POA Form other than AFCU's is being accepted]*

I, \_\_\_\_\_ (**Attorney-In-Fact**), state and affirm as follows:

1. Pursuant to a durable power of attorney dated \_\_\_\_\_, a copy of which is attached to this Affidavit, \_\_\_\_\_ (**Member/Principal Name**) designated me as his/her Attorney-In-Fact to act on his /her behalf with respect to his/her affairs, including but not limited to, making deposits to , withdrawals from, and otherwise transacting business on any of his/her banking accounts at Andrews Federal.
2. I have not received knowledge or notice of the revocation or termination of said Power of Attorney in any manner, including death, disability, or otherwise.
3. This affidavit is given with the intention that it be relied upon by Andrews Federal Credit Union. I do solemnly declare and affirm under the penalties of perjury that the contents of this Affidavit are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_, (**Attorney-In-Fact Name**), personally appeared, known to me or satisfactorily proven to be the person whose name is subscribed to this Affidavit and who acknowledged that he/she executed the same for the purposes contained herein.

As Witness my hand and Notarial Seal.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_