Power of Attorney

Delta Community CREDIT UNION

Form Instructions: Complete all applicable areas on the form and sign and date in the signature area.
Print and mail the completed form to: Delta Community Credit Union
ATTN: Personal Deposit Services, P.O. Box 20541 Atlanta, GA 30320-2541, or fax to 404-677-4802
Email not recommended

Primary Member Information

Name (First, MI, Last)	Social Security Number	Account Number

Declaration

KNOWN ALL MEN BY THESE PRESENTS that the undersigned, _____ (the "Member"), a member of DELTA COMMUNITY CREDIT UNION (the "Credit Union"), hereby names, constitutes and appoints _____ (the "Appointee"), the true and lawful attorney in fact of the member, with full power and authority for the Member's name, to take any and all action and conduct any and all activities with respect to the Member's account with the Credit Union identified below (the "Account"), whether such Accounts are in the Member's name alone or jointly with another, including, without limitation:

I. to endorse, transfer and receive payments on checks, drafts, and other instruments made payable to the member;
II. to make, sign, endorse, transfer, and receive payments on checks and drafts drawn on Accounts which constitute a Credit Union checking and/or Money Market account;
III. to deposit any checks, drafts, instruments or funds in the Accounts which may come into the Appointee's possession, and to withdraw any amounts in the Accounts to which the Member is now or hereafter entitled, and to close any of the Accounts and receive or transfer the funds from the Accounts;
IV. to waive presentment, notice of dishonor and protest with respect to any checks, drafts and other instruments made payable to the Member or endorsed or transferred to the Member; and
V. generally to do all other things and act necessary or convenient in connection with the Accounts as fully and completely as the Member could do.

I. Accounts Affected. This Power of Attorney applies to (initial one option):

_____ All accounts in which the Member has an interest now or in the future at the Credit Union, excluding retirement accounts

_____ Only the following specified account(s):

Account Type	Account or Share ID Number

II. Retirement Plans (initial one option):

_____ This power of attorney does not apply to any IRA accounts the Member may have now or in the future at the Credit Union.

_____ The Member gives the Appointee the power to manage, contribute to, withdraw from and deposit funds in his Credit Union Individual Retirement Accounts (IRAs) and in general to exercise all powers with respect to the IRAs which he could do if present and under no disability, including the power to make or change beneficiary designations for such plans (including naming the Appointee as the beneficiary thereof, if doing so is consistent with the Member's overall estate plan).

The Member hereby relieves the Credit Union of all responsibility for and any duty to inquire into: the circumstances regarding this Power of Attorney; the propriety of any act taken or performed by the Appointee in accordance with this Power of Attorney; or the application or disposition of any funds, checks, drafts or other items, or the proceeds thereof, drawn on or drawn from the Accounts. If the Appointee is a joint owner on any of my accounts, the Member specifically permits the Appointee to comingle his funds and assets with the Member's funds with regard to that account.

The Member agrees, for itself and the Member's heirs and legal representatives, to indemnify and save harmless the Credit Union, its officers, directors and employees, from any and all loss, cost, liability, damage or expense, including, without limitation, reasonable attorneys' fees, which the Credit Union may incur, suffer or sustain as a result of or in connection with the Credit Union's reliance upon this Power of Attorney and the apparent authority of the Appointee set forth herein. The Member further agrees and certifies that the signature of the Appointee as set forth below is the true and correct signature of the Appointee.

This Power of Attorney shall be effective from and after the date hereof and until the Credit Union's actual notice of its termination by operation of law, or the Credit Union's actual receipt at the above address of a written instrument signed by the Member terminating or revoking this Power of Attorney. This Power of Attorney shall not be terminated by the mental incompetence of the Member. This Power of Attorney shall be governed by and interpreted in accordance with the laws of the State of Georgia.

Signatures:

Primary Member

IN WITNESS WHEREOF, the undersigned has set his/her hand and seal as of this day of _____ , 20 _____.

x _____ Member Signature

_____ Printed Member Name

Notary

Signed, sealed and delivered on this day of _____ , 20 _____ in the presence of:

x _____ Unofficial Witness

x _____ Notary Public

My commission expires: _____

Appointee

Specimen signature of the Appointee:

x _____ Signature

_____ Date

Appointee Information

Appointee Name (First, MI, Last) | Social Security Number | Date of Birth (MM/DD/YYYY)

Street Address *(No P.O. Boxes)*

City | State | Zip | Years at Current Address

Home Phone | Work Phone | Mobile Phone | Email

ID Type: ☐ Driver's License ☐ State Issued ID ☐ US Passport ☐ US Military ID

ID Number | State of Issue/Military Branch | Issue Date | Expiration Date