

# Appointee Information Form

Power of Attorney, Guardian or Conservator



**Form Instructions:** Complete all applicable areas on the form and sign and date in the signature area. Include a copy of a non-expired government or state-issued ID with your completed application. 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

### Please select one of the following:

- Power of Attorney**  
A Power of Attorney document (which meets applicable state requirements) must be approved by the Credit Union
  
- Guardian or Conservator**  
Please provide Letters of Guardianship/Conservatorship evidencing authority

## 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

# Appointee Certification of Validity of Power of Attorney

Not applicable for Guardian or Conservator

I, \_\_\_\_\_ (name of agent), certify under penalty of perjury that  
\_\_\_\_\_ (name of principal) granted me authority as an agent or successor agent in  
a power of attorney dated \_\_\_\_\_ (MM/DD/YYYY).

I further certify that to my knowledge:

1. The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;
2. If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency occurred;
3. If I were named as a successor agent, the prior agent is no longer able or willing to serve.

## Signatures

Notary not required for guardian or conservator

\_\_\_\_\_  
Signature of Appointee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

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