Appointee Information Form

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

Please select one of the following:

_____ Power of Attorney (a non-Delta Community Credit Union Power of Attorney must be approved by the Legal Department)

_____ 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

Signatures:

x _____ _____
Signature of Appointee | Date