

Appointee Information Form

Power of Attorney, Guardian or Conservator



Form instructions:

1 — Complete all applicable areas on the form and sign and date in the signature area.

2 — Include a copy of a non-expired government or state-issued ID with your completed application

3 — Mail to:

Delta Community Credit Union
ATTN: Deposit Services
P.O. Box 20541
Atlanta, GA 30320-2541 or
Fax: 404-677-4802

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



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 _____

