

**LOS ANGELES POLICE FEDERAL CREDIT UNION
AFFIDAVIT OF ATTORNEY-IN-FACT/POA DATA**

LAPFCU

MEMBER INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)

MEMBER NUMBER

POA INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS (INCLUDING APARTMENT/UNIT NUMBER)

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

BIRTHPLACE

DATE OF BIRTH

DRIVER'S LICENSE NUMBER

ISSUE DATE

EXPIRATION DATE

MOTHER'S MAIDEN NAME

HOME PH

CELL PH

WORK PH

EMAIL ADDRESS

EMPLOYER'S NAME

OCCUPATION (ex: retired police officer, self-employed photographer)
Be specific about your occupational description, no generics

I certify under penalties of perjury that:

1. I have been appointed and am currently serving as the Attorney-in-Fact for the above referenced individual, pursuant to the validly executed Power-of-Attorney attached hereto.
2. The Power-of-Attorney authorizes me to (withdraw funds from, make deposits to, draw checks and other debits upon, make payments on), the above referenced account. Until such time as I provide written notice to Los Angeles Police Credit Union to the contrary, I represent that I have no knowledge of the revocation or termination of the Power-of-Attorney, including but not limited to, by reason of revocation, incapacity (if not a Durable Power-of-Attorney), or death of the above referenced individual. I agree to notify the Los Angeles Police Credit Union in writing immediately if I obtain actual knowledge of the termination or revocation of the Power-of-Attorney.
3. I hereby agree to indemnify and hold Los Angeles Police Credit Union harmless from any and all claims, suits, actions, damages, judgments, costs, charges, and expenses, including court costs and attorneys' fees, against any and all liability, loss and damage of any nature whatsoever, that Los Angeles Police Credit Union shall or may sustain resulting from its reliance upon the attached Power-of-Attorney and the transaction of any business related to the above referenced account(s) pursuant thereto. I also agree to pay any necessary expenses, attorneys' fees or costs incurred in the enforcement of this paragraph.

Name: _____

(Please Print)

Attorney-in-Fact for: _____

(Member's Name)

Dated: _____

(Signature of Attorney-in-Fact)

FOR CREDIT UNION USE ONLY

POA Reviewed and Approved By:	FOR CREDIT UNION USE ONLY
_____	_____
Membership Officer's Signature	Date

POA OFAC Verified: _____

POA Copy of Identification: _____

Update by:

Op # _____ Initials _____ Date _____