

POWER OF ATTORNEY AGREEMENT

Please complete the following form and return it to the Credit Union, with the Power of Attorney and a photocopy of a government-issued picture ID for the Attorney in Fact. The Power of Attorney needs to be an original or a copy certified by an attorney authorized to practice law, a notary public or an official of the state who is authorized to make certification. The certification shall state the certifying person examined the original power of attorney and the copy is a true and correct copy of the original.

Principal Name (CU Member)		
Name: First	MI	Last
Suffix		
Principal Information		
Member Number	Social Security Number	Phone Number

Attorney-in-Fact Information				
Name: First	MI	Last	Suffix	Mbr Number (if applicable)
Home Phone Number	Business Phone Number	Mobile Phone Number	Social Security Number	
Current Home Address: Street	City	State	Zip Code	
Email Address			Relation to Principal	
ID Type: Please include a copy of your government-issued ID selected below and ensure the image is clear and legible. ☐ Driver's License ☐ Passport ☐ State-Issued ID ID Number _____ ☐ Other (Please provide details.) _____				

Note: This agreement is not a Legal Power of Attorney document. Please ensure to attach all applicable documents to expedite processing.

As the Attorney-in-Fact, you must ensure to select "Yes" or "No" for each question presented below:	
Has the court appointed a Guardian or Conservator over the Principal? ☐ Yes ☐ No If yes, power of attorney may not be allowed	Has anything happened to void the POA (e.g., POA revoked/Principal deceased)? ☐ Yes ☐ No If yes, power of attorney can no longer be accepted

Please check type of Power of Attorney:

☐ General
 ☐ Uniform Statutory
 ☐ Durable
 ☐ Other _____

Signature of Attorney-in-Fact	
Signature	Date Signed
When acting as the attorney-in-fact, I acknowledge that I will sign as "member, by my signature, as attorney-in-fact" (ex – John Member, by Jane Member, as attorney-in-fact). I agree to notify Firefighters First CU immediately if I have knowledge of the termination or revocation of the Power of Attorney or upon the death of the Principal. I agree to indemnify and hold Firefighters First CU harmless for anything that shall or may occur as a result from reliance upon the attached Power of Attorney.	

Mail to:
 Firefighters First CU ATTN:
 Operation Support
 1520 West Colorado Blvd
 Pasadena, California 91105

Take to any Firefighters First CU locations