

Affidavit of Attorney-In-Fact Under Power of Attorney

For use with non-Andrews Federal Power of Attorney Forms



I, _____ (**Attorney-In-Fact**), state and affirm as follows:

1. Pursuant to a power of attorney dated _____, a copy of which is attached to this Affidavit, _____ (**Principal/Member Name**) designated me as his/her Attorney-In-Fact to act on his /her behalf with respect to his/her affairs, including but not limited to, making deposits to, withdrawals from, and otherwise transacting business on any of his/her banking accounts at Andrews Federal.
2. I have not received knowledge or notice of the revocation or termination of said Power of Attorney in any manner, including death, disability, or otherwise.
3. This affidavit is given with the intention that it be relied upon by Andrews Federal.

I do solemnly declare and affirm under the penalties of perjury that the contents of this Affidavit are true and correct to the best of my knowledge, information and belief.

Signature _____

Date _____

STATE OF _____
COUNTY OF _____

I hereby certify that on this ___ day of _____ 20 ___ (**Attorney-In-Fact Name**), _____ personally appeared, known to me or satisfactorily proven to be the person whose name is subscribed to this Affidavit and who acknowledged that he/she executed the same for the purposes contained herein.

As Witness my hand and Notarial Seal.

Notary Public

My Commission Expires _____