



POWER OF ATTORNEY VERIFICATION

AppleFCU.org

P.O. Box 1200, Fairfax, VA 22038-1200 703-788-4800 Fax: 703-225-1199

Member's Name: First	MI	Last	Suffix	Member No.
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ATTORNEY-IN-FACT INFORMATION:

Name: First	MI	Last	Suffix	Social Security No. (or ITIN)
Address: Street	City	State	Zip Code	Date of Birth (MM/DD/YYYY)
ID Type (Drivers License)	ID No.	ID Issued By	Home Phone No.	
ID Issuance Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)	Email Address		

DECLARATION:

I, (Attorney-in-Fact) _____, after being duly sworn, declare under oath the following:

1. That I am acting under and pursuant to the Power of Attorney attached hereto.
2. That I have not received any notice of the revocation or termination of this Power of Attorney by death, disability or otherwise.
3. That (Member) _____ is at present time alive and that this Power of Attorney has not been revoked.

I understand that Apple FCU has five (5) business days per Virginia law to review and apply this document to the account above.

SIGNATURE:

Attorney-in-Fact Signature ▶	Date (MM/DD/YYYY)
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NOTARY PUBLIC INFORMATION:

Notarized in the state of _____ and in the county of _____.

The above affidavit was subscribed and sworn to before me by _____ on _____.
Date (MM/DD/YYYY)

Notary Signature ▶	Date (MM/DD/YYYY)
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**Once you have completed all the above fields, print this form, sign it, date it and have it notarized.
Submit it to the Apple Federal Credit Union.**