

Account Designation



POWER OF ATTORNEY DESIGNATION (provide a copy of POA paperwork along with a valid photo ID of POA)

Name of ATTORNEY IN FACT (print or type)	SSN / TIN / EIN	Date of Birth		
Address of ATTORNEY IN FACT	City/State/Zip	Occupation	Phone	
Employer	Driver's Lic. #	Issue Date	Expiration Date	State
Signature of POA	Date			

POA DESIGNATION CEASES AT DEATH OF PRIMARY or when Altra Federal Credit Union (Altra) receives written notice of revocation. The designated attorney is authorized to do the following acts: (1) To endorse and deposit in my/our account any checks, drafts, notes, bills, certificates, or other instruments or order for the payments of money to the party(ies), (2) To make withdrawals of any sum from my/our account, which includes requesting and receiving payment of any sums on deposit in the account in accordance with Altra rules and regulations governing the account, and to give receipts therefor, (3) To grant Altra a security interest and lien in this account to obtain loan(s) on my/our behalf, and to perform any other act the attorney deems necessary or desirable to accomplish these powers as fully as party(ies) could do if personally present. Party(ies) ratifies and confirms all that the attorney does or causes to be done under these powers. This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal. I authorize Altra to conduct any investigation as you deem necessary, including, but not limited to, any credit bureau or consumer report. POA designation cannot be added to a trust.

AGENT DESIGNATION

Name of ATTORNEY IN FACT (print or type)	SSN / TIN / EIN	Date of Birth		
Address of ATTORNEY IN FACT	City/State/Zip	Occupation	Phone	
Employer	Driver's Lic. #	Issue Date	Expiration Date	State
Signature of Agent	Date			

AGENT DESIGNATION CEASES AT DEATH OF PRIMARY. Transactions regarding all Altra deposit accounts, including, but not limited to, safe deposit boxes, may be made by the Agent(s) named hereon. No present or future ownership or right of survivorship is conferred by this designation. The authority of the agent is exercisable, notwithstanding the legal disability of any party. Until Altra receives written notice of revocation, or upon death of the owner, the designated agent is authorized to make withdrawals of any sum from my/our account, which includes requesting and receiving payment of any sums on deposit in the account in accordance with Altra rules and regulations governing the account, and to give receipts therefor. I authorize Altra to conduct any investigation as you deem necessary, including, but not limited to, any credit bureau or consumer report. Agent designation cannot be added to a trust.

REP PAYEE* / GUARDIAN / CONSERVATOR / EXECUTOR / CUSTODIAN DESIGNATION*

Name of ATTORNEY IN FACT (print or type)	SSN / TIN / EIN	Date of Birth		
Address of ATTORNEY IN FACT	City/State/Zip	Occupation	Phone	
Employer	Driver's Lic. #	Issue Date	Expiration Date	State
Signature *SPECIFY ACCOUNTS, IF APPLICABLE:	Date			

It is understood that transactions regarding all Altra accounts, including, but not limited to, safe deposit boxes, may be made by the Rep Payee/Guardian/Conservator/Executor/Custodian(s) named hereon. No present or future ownership or right of survivorship is conferred by this designation. Rep Payee/Guardian status ceases upon death of the primary. The authority of the Rep Payee/Guardian/Conservator/Executor/Custodian is exercisable, notwithstanding the legal disability of any party. Until Altra receives written notice of revocation, the designated Rep Payee/Guardian/Conservator/Executor/Custodian is authorized to make withdrawals of any sum from my/our account, which includes requesting and receiving payment of any sums on deposit in the account in accordance with Altra rules and regulations governing the account, and to give receipts therefor. I authorize Altra to conduct any investigation as you deem necessary, including, but not limited to, any credit bureau or consumer report.

MEMBER AUTHORIZATION

Member Number	Signature	Date	Employee Number
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Must be notarized if not witnessed and initialed by Altra Staff

NOTARY PUBLIC State of _____ County of _____

This instrument was acknowledged before me on: (date) _____

by (parties to account) _____

My commission expires _____ Signature _____

In witness whereof, I hear unto set my hand and seal:

TERMINATION OF DESIGNATION (requires signature of any one party to the account)

Please provide proper termination paperwork (not applicable to Agent or Custodian)

POA Agent Rep Payee/Guardian/Conservator/Executor/Custodian

The designation is hereby terminated as of: (date) _____

Signature of Party to account _____ Date _____ Employee # _____