Print Clear

Account No. _____

Specific Power of Attorney Authorization

I _____ do hereby designate _____GEORGE BOND_____,
Print Name(s) Print Name
of Tower Federal Credit Union, whose address is Post Office Box 123, Annapolis Junction, Maryland 20701-0123, as my Attorney-in-Fact, to execute on my behalf and in my name all instruments or documents necessary or required to do all acts necessary to title, register, encumber, mortgage and perfect the security interest in the vehicle described in the Security Agreement(the "Security Agreement") dated_____, said vehicle being described as follows:

Year _____ Make_____ Vehicle Identification Number_____

This Specific Power of Attorney terminates upon payment and performance in full pursuant to the terms of the Security Agreement, or upon receipt of a state-issued certificate or notice of Tower Federal Credit Union's Lien or encumbrance, whichever occurs first.

I hereby ratify and confirm the actions of my Attorney-in-Fact done on my behalf in the exercise of the authority granted by this Power of Attorney.

This Specific Power of Attorney shall not be affected by my disability, and it shall not be affected by the passage of time.

Any person or entity relying or acting upon this Specific Power of Attorney shall be entitled to presume conclusively that it is in full force and effect unless I have given written notice to that person or entity that this Specific Power of Attorney has been revoked. I authorize my Attorney-in-Fact to seek damages against anyone who refuses to honor this Specific Power of Attorney without having received notice that it has been revoked.

I have signed this Power of Attorney on this_____ day of_____, _____

_____ _____ Grantor of POA
Witness(Must be TFCU Employee) Signature

_____ _____ Grantor of POA
Witness(Must be TFCU Employee) Signature

Note: Original Power of Attorney must accompany all transactions.
NOTARIZE WHEN REQUIRED BY STATE IN WHICH VEHICLE IS BEING TITLED

STATE OF: _____)
COUNTY OF: _____) TO WIT:

I HEREBY CERTIFY that on this _____day of _____, _____, before me, the subscriber, a Notary Public of the _____, personally appeared _____; known to me or satisfactorily proven to be the person whose name is subscribed to the foregoing Power of Attorney, and acknowledged the Power of Attorney to be his/her voluntary act and deed.
IN WITNESS WHEREOF, I hereunto set my hand and official seal.

_____
(Notary Seal) Notary Public
My commission expires_____, _____

STATE OF: _____)
COUNTY OF: _____) TO WIT:

I HEREBY CERTIFY that on this _____day of _____, _____, before me, the subscriber, a Notary Public of the _____, personally appeared _____; known to me or satisfactorily proven to be the person whose name is subscribed to the foregoing Power of Attorney, and acknowledged the Power of Attorney to be his/her voluntary act and deed.
IN WITNESS WHEREOF, I hereunto set my hand and official seal.

_____
(Notary Seal) Notary Public
My commission expires_____, _____