

**DURABLE LIMITED POWER OF ATTORNEY
FOR LEBANON FEDERAL CREDIT UNION TRANSACTIONS**

In this Power of Attorney the words "I", "My" and "Me" refer to each of the members signing below.

APPOINTMENT

By signing this Power of Attorney, I appoint _____

as my Attorney-in-Fact, for and in my name and with respect to those accounts specified below, at the Lebanon Federal Credit Union.

_____ A. This power of attorney shall be effective with respect to all accounts now owned or hereafter acquired in the name of the member executing this power, including access to a safe deposit box.

_____ B. This power of attorney shall be effective only with respect to the accounts listed below.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE ATTORNEY IS NAMED:

_____ A. If more than one attorney is appointed hereunder, any one of the attorneys may act solely.

_____ B. If more than one attorney is appointed hereunder, both or all must act jointly.

GRANT OF POWERS

The attorney shall have the power to:

1. Do any act relating to the above referenced accounts that I could do such as making withdrawals, signing endorsements (for deposit only), and making deposits.
2. Open and close such accounts in my name, purchase and redeem any designated savings certificate, certificate of deposit or similar instrument in my name, and execute and deliver receipts for any funds withdrawn or certificate redeemed.
3. Sign any tax information or reporting required by Federal, State or Local taxing authorities, including but not limited to any Form W-9 or similar form.

LIMITATION OF POWERS

1. Except as provided in paragraph 2 below, the Lebanon Federal Credit Union may continue to rely on this Power of Attorney until it receives written notice from me that this Power of Attorney is revoked or actual notice of my death.

Further, the Lebanon Federal Credit Union shall be indemnified and held harmless by me and my estate's personal representatives and heirs against any liability or loss, including lawyer's fees, costs of suit and claims of third parties, which it might incur by relying on this Power of Attorney, until such time as the Lebanon Federal Credit Union receives actual notice of my death or written notice of revocation of this Power of Attorney.

2. If any account designated in this Power of Attorney is a joint account, this Power of Attorney shall continue to be effective after the death of either of us, until the Lebanon Federal Credit Union receives written notice of revocation from the survivor.
3. This Power of Attorney shall not be revoked if, after the date of this Power of Attorney, I do in person any of the acts which this Power of Attorney authorizes the attorney-in-fact to do.

DURABILITY

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY.

THE LEBANON FEDERAL CREDIT UNION SPECIFICALLY WILL NOT PERMIT, AN ATTORNEY-IN-FACT TO ACT FOR THE MEMBER WITH REGARD TO THE MEMBER'S VISA CHARGE CARD, VISA DEBIT CARD OR ATM CARD.

X

Signature of Member

X

Signature of Member

X

Signature of Witness

X

Signature of Witness

X

Signature of P.O.A.

X

Signature of P.O.A.

X

Date

X

Date