

**LIMITED POWER OF ATTORNEY AS TO MEMBERS ACCOUNTS
WITH
LEBANON FEDERAL CREDIT UNION**

NOTICE UNDER ACT 95

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSONS YOU DESIGNATE (YOUR "AGENTS") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENTS TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENTS MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENTS MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENTS' AUTHORITY.

YOUR AGENTS MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENTS AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENTS IF IT FINDS YOUR AGENTS ARE NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 Pa. C. S. Ch. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Date _____

PRINCIPAL / MEMBER

LIMITED POWER OF ATTORNEY

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

APPOINTMENT

By signing this Power of Attorney, I appoint _____

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

_____ 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 "AGENT IN FACT" IS NAMED:

_____ A. If more than one Agent-In-Fact is appointed hereunder, any one of the attorneys may act solely.

_____ B. If more than one Agent-In-Fact is appointed hereunder, both or all must act jointly.

GRANT OF POWERS

The Agent-In-Fact shall have the following limited powers under Act 95, **20 Pa. C. S. Ch. 56**, 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.

LFCU Operations Center: 120 South 16th St. • Lebanon, PA 17042 • Fax (717) 644-9972
 Schneider Dr. Office: 300 Schneider Drive • Lebanon, PA 17046 • Fax: (717) 272-6045
 Evergreen Rd. Office: 301 East Evergreen Road • Lebanon, PA 17042 • Fax: (717) 270-6944
 Myerstown Office: 653 East Lincoln Avenue • Myerstown, PA 17067 • Fax (717) 866-6518
 Campbelltown Office: 121 Farmshed Rd • Palmyra, PA 17078 • Fax (717) 641-3671

LIMITATION ON POWERS GRANTED

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 the account holders, until the Lebanon Federal Credit Union receives written notice of revocation from the surviving account holder.
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 Agent-In-Fact to do.

DURABILITY

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY, in that::

By signing the Power of Attorney it is my intention the authority of my Agent-In-Fact to act under this Power of Attorney shall not be affected by my later disability or incapacity and all powers and authority herein granted shall be exercisable notwithstanding any such disability or incapacity.

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

Signed this _____ day of _____, 20__.

Principal / Member

 Witness
 Print Name: _____

Signature of Principal / Member

 Witness
 Print Name: _____

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COMMONWEALTH OF PENNSYLVANIA)
)
COUNTY OF LEBANON) SS.

On this the _____ day of _____, 20____, before me, a Notary Public, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

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ACKNOWLEDGEMENT

I, _____, HAVE READ THE ATTACHED POWER OF ATTORNEY AND AM THE PERSON IDENTIFIED AS THE AGENT FOR THE PRINCIPAL. I HEREBY ACKNOWLEDGE THAT WHEN I ACT AS AGENT:

I SHALL ACT IN ACCORDANCE WITH THE PRINCIPAL'S REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY ME AND, OTHERWISE, IN THE PRINCIPAL'S BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED TO ME BY THE PRINCIPAL IN THE POWER OF ATTORNEY.

_____, 20__

_____, Agent for
_____, Principal/Member

*Revised: January 2019
Form reviewed by LFCU attorney*

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