



# Attorney in Fact (POA) Information Form

Complete the following form and securely return it along with a copy of the Power of Attorney and a copy of the Attorney in Fact's unexpired government issued photo identification.

**\*Note this form is NOT a legal Power of Attorney document.**

PRINCIPAL NAME (CREDIT UNION MEMBER)		
FULL NAME (FIRST, MIDDLE, LAST, SUFFIX)		
MEMBER NUMBER	SOCIAL SECURITY NUMBER	PHONE NUMBER

ATTORNEY-IN-FACT INFORMATION			
FULL NAME (FIRST, MIDDLE, LAST, SUFFIX)		MEMBER (MBR) NUMBER (IF APPLICABLE) _____	
HOME PHONE	BUSINESS PHONE	MOBILE PHONE	SOCIAL SECURITY NUMBER
CURRENT HOME ADDRESS: STREET		CITY	ST      ZIP
EMAIL ADDRESS		ID TYPE: <input type="checkbox"/> DL <input type="checkbox"/> ID <input type="checkbox"/> PASSPORT   NUMBER:	

Please check type of Power of Attorney:

- General     
  Uniform Statutory     
  Durable     
  Other

When acting as the attorney-in-fact, I acknowledge that I will sign as "member, by my signature, as attorney-in-fact" (ex—Joe User, by Jane User, as attorney-in-fact). I agree to notify Northrop Grumman Federal Credit Union immediately if I have knowledge of termination or revocation of the Power of Attorney or upon death of the Principal.

SIGNATURE OF ATTORNEY-IN-FACT	
SIGNATURE	DATE SIGNED

<p><b>OFFICE USE ONLY</b></p> <p>Member Number: _____ Account Number(s): _____</p> <p>Employee Name: _____ Date Received: _____</p> <p>*POA Copy Attached: _____ *ID Verified: _____ *POA &amp; Form sent to RIP: _____</p> <p style="text-align: center;">*Teller to Initial to show completion</p>
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