

1630 King Street Alexandria, Virginia 22314-2745 703-706-5000 • Fax 703-684-1613

Limited Power of Attorney

To Whom It May Concern:	
I (print full name)	
I (print full name)	
The undersigned do hereby duly appoint the State Department authorized employees, to act as my attorney in fact, to sign a registration of, perfect its lien on or transfer my interest <i>only</i> present:	ny and all documents that may be necessary to secure
Make:	
Model:	
Year:	
VIN:	
I/we certify under penalty of perjury that (1) I/we are the lawful owners of the vehicle described or are currently in the process of purchasing it; (2) as owners, I/we have the right to pledge it as collateral for a loan, or (3) as owners, I/we have the right to sell it. If the Credit Union incurs a cost or fee in the exercise of its authority under this limited power of attorney, I/we agree that said cost or fee may be deducted without notice to me/us from my/our share or share draft account and the debit will appear on our account statement. This power of attorney revokes all earlier powers of attorney and shall be in full force and effect until revoked by me/us	
in writing received by the Credit Union but in no event shall (loan#) from the Credit Union is paid in f	this power of attorney be valid after my/our loan
Signed:	Date:
Signed:	Date:
NOTARY PUBLIC	
I, a Notary Public, in and for the aforesaid jurisdiction party to a certain Limited Power of Attorney bearing even date and, being personally known on Power of Attorney, acknowledged the same to be	herewith, personally appeared before me in said jurisdiction,
Given under my hand and seal this Day of	, 200
[Notarial Seal] Notary Public	
	es: