



Power of Attorney Submission

Option 1: Visit any of our branch locations

Option 2: Submit digitally [via DocuSign](#) at [fairwinds.org](#)

Option 3: Print pages 2-3, sign with a notary, and send back by mail:

Mail: FAIRWINDS Credit Union
Attn: Operations
3087 N Alafaya Trail
Orlando, FL 32826

Please be prepared to submit a legible copy of the following:

1. Unexpired US government-issued photo identification
2. Signed Power of Attorney document (full document)

If you have any issues or concerns, please contact us at 800.443.6887.

Financial Freedom happens here.®



Power of Attorney Affidavit and Indemnity Agreement

STATE OF _____
COUNTY OF _____

This is where the
documents is being
notarized

Member Number: _____
(of the person who is giving authority to POA)

BEFORE ME, the undersigned authority, personally appeared _____,
"Affiant" (the appointed Power of Attorney)
who swore or affirmed that:

1. Affiant is the attorney-in-fact name in the Power of Attorney executed by _____
on the _____ day of _____, 20_____.
(this is the date the Principal executed the POA with their attorney)
"Principal" (the person who is giving authority to POA)
2. This Power of Attorney is currently exercisable by Affiant. The Principal is domiciled in _____
County.
(This is the county where the principal resides)
3. By conducting any transaction or inquiry on behalf of the Principal at FAIRWINDS Credit Union ("Credit Union"), Affiant affirms and warrants at the time of each transaction that:
 - (a) the Principal is not deceased; has not been adjudicated incapacitated; and has not revoked, partially or completely terminated, or suspended the Power of Attorney or Affiant's authority under the Power of Attorney.
 - (b) a petition to determine the incapacity of or to appoint a guardian or a guardian advocate for the Principal is not pending; and
 - (c) the transaction or inquiry, as the case may be, is within the scope of authority granted in the Power of Attorney.
4. Affiant agrees not to exercise any powers granted by the Power of Attorney if Affiant attains knowledge that the Power of Attorney or Affiant's authority thereunder has been revoked, partially or completely terminated, or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal or any other reason. Affiant agrees to immediately notify Credit Union in writing by certified mail, return receipt requested, if Affiant attains knowledge of any of the above-listed events.
5. Affiant agrees to indemnify Credit Union for any loss, damage, cost or expense incurred as a result of any breach by Affiant of this Agreement, including, but not limited to, reasonable attorney's fees and court costs, including attorney's fees and costs on any appeal or post-judgement collection actions.

Print Affiant Name (the appointed Power of Attorney)

Affiant Signature

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____, by _____, who is ☐ personally known to me or ☐ who has produced _____ as identification.

(Signature)

(Print or Type Name)

Please Note: All Affidavits must be acknowledged by a notary.



Power of Attorney Identifying Information

Instructions: Complete all the information below.

Full legal name

Physical address

Mailing address, if different from physical

Mother's Maiden Name

Phone number

Email address

Date of Birth

Social Security Number

Employer

Occupation

Income – Select income range

- | | | | |
|--|--|--|--|
| ☐ No Income | ☐ \$1 - \$19,999 | ☐ \$20,000 - \$39,999 | ☐ \$40,000 - \$69,999 |
| ☐ \$70,000 - \$99,999 | ☐ \$100,000 – 159,999 | ☐ \$151,000 or Above | |