

# LIMITED POWER OF ATTORNEY

EFD#:

**KNOW ALL BY THESE PRESENT:**

That I \_\_\_\_\_, a resident of \_\_\_\_\_, do hereby make, constitute and appoint \_\_\_\_\_, my true and lawful attorney-in-fact for me and in my name, place and stead and on my behalf and for my use and benefit to do and perform any and all of the following:

1. To receive and endorse all checks made payable to me and drawn on my account at River City Bank and to receive the proceeds therefrom for delivery to me.
2. To perform any and all other acts necessary or reasonably required on my behalf in connection with the aforesaid paragraph.

I hereby specifically ratify and confirm all acts that my said attorney-in-fact may do and perform on my behalf under Limited Power of Attorney.

The rights, power and authority of my said attorney-in-fact granted in this Limited Power of Attorney shall be in full force and effect as of the date hereof and shall remain in full force and effect from then until such time as I shall withdraw this Limited Power of Attorney in writing signed by me or until 30 days has passed from the signing date of this contract.

**IN WITNESS WHEREOF**, I have hereto set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of ATTORNEY-IN-FACT

\_\_\_\_\_  
Signature of AFFIANT

\_\_\_\_\_  
Print Name of Attorney-in-fact

\_\_\_\_\_  
Print Name of Affiant

\_\_\_\_\_  
Social Security No.of Attorney-in-fact

\_\_\_\_\_  
Social Security Number of Affiant

Checkmark: Sending Copy of Picture ID and secondary ID of Attorney-in-fact

\_\_\_\_\_  
Signature of Witness 1

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness 2

**SUBSCRIBED AND SWORN** to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me and a notary public and for the state and county aforesaid by:

\_\_\_\_\_, who executed the foregoing Limited Power of Attorney and acknowledged the signing and execution thereof to be his/her free and voluntary act and deed.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed my official seal on the day and year last foresaid.

My commision expires: \_\_\_\_\_, 20\_\_\_\_\_.

[SEAL HERE]

\_\_\_\_\_  
Notary Public