**LIMITED POWER OF ATTORNEY**

**FOR CREDIT UNION TRANSACTIONS**

**This Limited Power of Attorney is made on , 20**

**BETWEEN: the Principal**

**Now residing at**

 **individually referred to as** "**I" or "my",**

**And: the Agent**

**whose address is**

 **referred to as** "**You".**

**Grant of Authority. I appoint You to act as my Agent (called an attorney-in-fact) to conduct banking transactions at the Credit Union as authorized pursuant to New Jersey Statute 46:2B-11, *et seq.***

**Signatures. By signing below, I acknowledge that I have received a copy of this Limited Power of Attorney and that I understand its terms.**

**(Seal)**

**State of New Jersey )**

 **: §§**

**County of )**

**I CERTIFY that on , 20**

 **personally came before me and acknowledged under oath, to my satisfaction, that this person:**

**(a) is named in and personally signed this document; and**

**(b) signed, sealed and delivered this document as his/her act and deed.**

**(Notary Public)**