

INTERRA CREDIT UNION
POWER OF ATTORNEY ACKNOWLEDGEMENT

Please complete section I or II, as it applies to you. (Only one section needs to be completed.)

I. Acknowledgement by Principal:

I hereby acknowledge that I, as Principal, have executed the attached Power of Attorney, dated _____. I understand that this Power of Attorney does not specifically reference Indiana Code Section 30-5-5-2 through 30-5-5-19 or, more specifically, code 30-5-5-5 and thus may not grant permission for my appointed Attorney-in-Fact to conduct certain banking transactions on my designated accounts held at Interra Credit Union. I further understand that until such a time that an amendment to this Power of Attorney is made, my Attorney-in-Fact will not be allowed to conduct certain banking transactions, which are not specifically listed in my Power of Attorney documents.

Signed this _____ day of _____, 20_____.

Principal

II. Acknowledgement by Attorney-in-Fact:

As the Attorney-in-Fact for the Power of Attorney dated _____, I hereby acknowledge that such Power of Attorney does not specifically reference Indiana Code Section 30-5-5-2 through 30-5-5-19 or, more specifically, code 30-5-5-5 and thus may not grant permission for the Attorney-in-Fact to conduct certain banking transactions on the designated accounts held in the name of the Principal at Interra Credit Union. Until such a time that an amendment to this Power of Attorney is made, I understand that I will not be allowed to conduct certain banking transactions, which are not specifically listed in the Power of Attorney documents.

Signed this _____ day of _____, 20_____.

Attorney-in-Fact