

Revocation of Power-of-Attorney

Account Name: _____ Account Number: _____

I, _____, the Principal, hereby revoke the Power of Attorney dated _____ previously granted to _____, of _____ County, State of _____.

All rights, power, and authority previously granted to _____ pursuant to the above-described Power of Attorney are hereby revoked.

IN WITNESS WHEREOF, I sign my name to this Revocation of Power of Attorney this _____ day of _____, _____.

(Signature)