

Power of Attorney Notice

Applicable Account Number(s)

1	4
2	5
3	6

This power of attorney shall remain in full force and effect until written notice of its revocation has been duly served upon Midway Coop Association. This power of attorney shall not be affected by any subsequent disability or incapacity of the undersigned.

IN WITNESS WHEREOF, this power of attorney is, 20	s executed this day of
Owner Signature	Owner Signature
Print Name	Print Name
Subscribed and sworn to before me this	day of, 20
Notary Public Name	
Notary Signature	
My Appt. Expires:	