



**POWER OF ATTORNEY**

409 Silverside Road, Suite 105  
Wilmington, DE 19809  
P: 877.226.2928  
F: 302.791.5680  
www.cfdbankingservicesinfo.com

Date: \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS**

That I, \_\_\_\_\_ (Grantor of Power), whose address is: \_\_\_\_\_  
\_\_\_\_\_ have made, constituted and appointed, and by these presents do make,  
constitute and appoint \_\_\_\_\_ (Grantee of Power), defined below:

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

my true and lawful attorney, in law and in fact, for me in my name, place and stead, to sign withdrawal documents and checks for me in my name, drawn upon moneys on deposit to my credit in cfd Banking Services, and to endorse any and all checks drawn to my order, either for deposit to my credit or to be cashed by said attorney, with like effect as if the same were done by me in person, hereby ratifying and confirming all that the said attorney shall do therein by virtue of these presents.

Account Number:  
\_\_\_\_\_

I/We hereby agree to the rules and regulations and amendments thereto of cfd Banking Services and to the terms and conditions contained on this Agreement.

Witness: \_\_\_\_\_ Signature of Grantor: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature of Grantee: \_\_\_\_\_

.....  
AFFIRMED AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

For fast service you may **fax** this form to us at 302.791.5680 or please mail to:  
cfdbanking Services  
Attn: Operations Department  
409 Silverside Road, Suite 105  
Wilmington, DE 19809

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.**