

**POWER OF ATTORNEY**

\_\_\_\_\_  
 Date (mm/dd/yyyy)

**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	City	State	ZIP Code
Phone	Social Security Number	Date of Birth (mm/dd/yyyy)	

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 The Bancorp Bank ("Bank"), 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 the Bank and to the terms and conditions contained on this Agreement.

Witness	Signature of Grantor
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Witness	Signature of Grantee
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Affirmed and subscribed before me on \_\_\_\_\_  
 Date (mm/dd/yyyy)

\_\_\_\_\_  
 Notary Public

Please **fax or mail** this completed form to:  
 cfd Banking Services Attn: Operations Department  
 409 Silverside Road, Suite 105, Wilmington, DE 19809  
 Fax: 302.791.5680  
**Please retain a copy of this form for your records.**