



www.MyFortLibertyFCU.org
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PO Box 70240, Fort Liberty, NC 28307

REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, _____
a resident of _____ County, State of _____
presents do hereby absolutely revoke, cancel, countermand, annul and make void a certain Power of Attorney,
dated _____, heretofore executed by me, herein and hereby I did appoint
_____ whose address is _____
_____ my attorney for the purposes in and said power set forth.

WITNESS MY HAND AND SEAL, THIS _____ DAY OF _____ 20_____.

FORM DOES NOT HAVE TO BE NOTORIZED IF WITNESSED BY FBFCU EMPLOYEE

ACKNOWLEDGEMENT

STATE OF NORTH CAROLINA COUNTY OF CUMBERLAND

I, _____, do hereby certify that I am a commissioned, qualified and authorized
Notary Public in and for the County of CUMBERLAND, State of NORTH CAROLINA and that _____
_____, grantor in the foregoing Revocation of Power of Attorney, personally
appeared before me, the said named to me known and known to me to be the person described in and who
executed the foregoing instrument and acknowledged that he executed the same and being dully sworn by me,
made oath that the statements in the foregoing instrument are true.

My commission expires: _____ NOTARY PUBLIC/SEAL _____

A COPY OF THIS REVOCATION WAS RECEIVED BY ME ON _____