



**SPACE COAST  
CREDIT UNION**

Your life. Your financial watchdog.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

**REVOCATION OF POWER OF ATTORNEY**

I, \_\_\_\_\_, (Principal Name), whose Social Security Number/Tax Identification Number ends in the following four digits, \_\_\_\_\_, and domiciled in \_\_\_\_\_ (State and County), hereby revoke the power of attorney dated \_\_\_\_\_ (Date of Power of Attorney Execution) from me to my agent(s) \_\_\_\_\_ effective \_\_\_\_\_ (Today's Date).

This instrument shall serve notice to Space Coast Credit Union and to all interested persons that the above Power of Attorney hereby is null and void and of no further force of effect.

\_\_\_\_\_  
Principal Signature

Personally Known: \_\_\_\_\_  
OR Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Signature of Notary Public

**THIS FORM IS ONLY PROVIDED BY SPACE COAST CREDIT UNION UPON YOUR REQUEST AND IS NO SUBSTITUTE FOR LEGAL ADVICE, SPACE COAST IS NOT AN ATTORNEY OR LAW FIRM AND PROVIDES NO LEGAL ADVICE REGARDING THE CONSEQUENCES OF EXECUTION OF THIS FORM. SPACE COAST CREDIT UNION RECOMMENDS YOU CONSULT WITH YOUR ATTORNEY BEFORE EXECUTION OF THIS FORM.**