

**SPECIAL DURABLE POWER OF ATTORNEY**  
**FOR BANK ACCOUNT MATTERS**

STATE OF OKLAHOMA  
COUNTY OF \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That I, \_\_\_\_\_ of \_\_\_\_\_ County, Oklahoma, being of sound mind and memory, do hereby make, constitute and appoint \_\_\_\_\_ as my true and lawful agent and attorney in fact (hereinafter sometimes called "my agent"), with full power and authority to act for me, individually, and in my name, place and stead, with reference to the transaction of any and all business related to or connected with my bank accounts at \_\_\_\_\_ Bank, \_\_\_\_\_ (Address), \_\_\_\_\_ (City), Oklahoma, \_\_\_\_\_ (Zip Code) hereinafter "Bank", including, but not limited to, the following:

1. Making deposits, transfers and withdrawals to or from any of my bank accounts at Bank.
2. Writing, making and endorsing checks, drafts and other instruments in connection with my bank accounts at Bank.
3. Opening new checking, savings, money market, certificates of deposit, IRA's or other accounts in my name and maintaining same.
4. Approving and authorizing automatic withdrawals from my accounts.
5. Executing signature cards for accounts maintained or opened by my agent in my name.
6. Performing any and all other matters relating to, or in connection with, my bank accounts at Bank.

I direct that the above-related powers and authority of my said agent shall not be affected by subsequent disability, incapacity, extended absence of the principal, or lapse of time. Such incapacity, whether mental or physical, that I may exhibit shall not in any way interfere with the authority of my agent herein to act fully on my behalf according to the terms hereof. In other words, this Power of Attorney shall not be affected by the subsequent disability, incompetence, absence, or incapacity of the principal.

And I do hereby undertake to ratify and confirm, all and singular, the acts heretofore performed and to be hereinafter performed by my said agents, acting in my name and on my behalf.

Bank shall honor this Power of Attorney until and unless Bank receives written notice of revocation of same signed by me. Bank is hereby indemnified and shall be held harmless by the undersigned for any and all actions taken by my agent regarding my accounts at Bank, regardless

of whether within the intended scope of this Power of Attorney or not; therefore, Bank shall have no liability for the actions of my agent or for following the directions of my agent in connection with my bank accounts at Bank.

IN WITNESS WHEREFORE, I have executed this Special Power of Attorney on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**PRINCIPAL**

City, County, and State of Residence:

\_\_\_\_\_  
\_\_\_\_\_

The principal is personally known to me and I believe the principal to be of sound mind. I am eighteen (18) years of age or older. I am not related to the principal by blood or marriage or related to the attorney-in-fact by blood or marriage. The principal has declared to me that this instrument is his power of attorney granting to the named attorney-in-fact the power and authority specified herein, and that he has willingly made and executed it as his free and voluntary act for the purposes herein expressed.

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

STATE OF OKLAHOMA) SS.)

COUNTY OF \_\_\_\_\_)

Before me, the undersigned authority, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared

\_\_\_\_\_ (principal),

\_\_\_\_\_ (witness), and

\_\_\_\_\_ (witness),

whose names are subscribed to the foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the principal declared to me and to the said witnesses in my presence that the instrument is his or her power of attorney, and that the principal has willingly and voluntarily made and executed it as the free act and deed of the principal for the purposes therein expressed, and the witnesses declared to me that they were each eighteen (18) years of age or over, and that neither of them is related to the principal by blood or marriage, or related to the attorney-in-fact by blood or marriage.

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

My Commission Expires: \_\_\_\_\_