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AFFIDAVIT

STATE OF _____)
COUNTY OF _____) ss.:

The undersigned, _____ (Agent), declares and states as follows:

1. I am the Power of Attorney for _____ (Principal);
2. That I have been named as Power of Attorney effective as of _____ (Date of Power of Attorney);
3. That this Power of Attorney is still in effect and has not been revoked;
4. That as Power of Attorney I will abide by the authority of this document, applicable law and further for the best interest of the Principal.

Further Affiant sayeth naught.

AGENT

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____, 20____.

(SEAL)

NOTARY PUBLIC

Officer Approval: _____ Date: _____