



Power of Attorney

Complete all applicable sections by typing in the required information. To do so, simply click on the desired field and begin typing. Handwritten forms are strongly discouraged as it may cause delays.

Please complete the attached Power of Attorney Form and return via mail or fax to:

Standard Mail:

Capital One Direct Banking
PO Box 4199
Houston, TX 77210-4199

Fax:

1-877-650-3528
Attn: CORR

Power of Attorney Form

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, _____, (Your name) of
_____, (Your address)

do hereby make, constitute and appoint

Name: (Printed Name) _____

Residential Address: _____

Mailing Address (If Different): _____

Social Security Number: _____

Date of Birth: _____

Home Phone Number: _____

Account Number(s) Authorized to use: _____

POA's signature (required) : _____

to be my true and lawful attorney in fact, for me and in my name, place and stead, and on my behalf, and for my use and benefit:

1. To exercise or perform any act, power, duty, right, or obligation whatsoever that I now have, or may hereafter acquire the legal right, power, or capacity to exercise or perform, in connection with, arising from, or relating to any one or more certificates of deposit or money market accounts now or hereafter standing in my name or for my direct or indirect benefit with Capital One Bank (USA), N.A. and Capital One, N.A. (individually or collectively, the "account");
2. To request, ask, demand, sue for, recover, collect, receive, and hold and possess and manage the account and any interest or dividends payable thereon, as now is, or shall hereafter become owned by or due, owing, payable, or belonging to me or in which I now have or may hereafter acquire; to have, use, and take all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof; and to adjust, sell, compromise and agree for the same; and to make, execute, and deliver for me, on my behalf and in my name, all endorsements, acquittances, releases, receipts, or other sufficient discharges for the same;
3. To purchase, open, exchange, acquire, and renew; and to agree, bargain, and contract for the purchase, opening, exchange, acquisition, and renewal of; and to accept, take, receive, and possess the account, or interest thereon or therein, on such terms and conditions and under such covenants as my attorney shall deem proper;
4. To conduct, engage in, and transact any and all lawful business of whatever nature or kind related to the account, for me, on my behalf, and in my name;
5. To make, receive, sign, endorse, execute, acknowledge, deliver, and possess any and all instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted;
6. I grant to my attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever

Account Number: _____

requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that my attorney in fact shall lawfully do or cause to be done by virtue of this Limited Power of Attorney and the rights and powers herein granted.

7. This instrument is to be construed and interpreted as a general power of attorney, limited only insofar as its scope is limited to the account. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to my attorney in fact with respect to the account.

8. The rights, powers, and authority of my attorney in fact herein granted shall commence and be in full force and effect on _____ (day, month, date), 20____ (year), and such rights, powers and authority shall remain in full force and effect thereafter until terminated by me by written notice to my attorney in fact and to any person who may rely or act upon this General Power of Attorney.

9. This Limited Power of Attorney shall not be affected by disability of the principal.

WITNESS WHEREOF, I have executed this Limited Power of Attorney, in my name and under my seal, with the intent that this be a sealed instrument.

(Signature of Individual granted POA privileges)

(Your signature)

ACKNOWLEDGMENT by NOTARY PUBLIC

STATE OF _____

COUNTY/CITY OF _____

I HEREBY CERTIFY that on this ____ day of _____, 20____ (year),

before me, the subscriber, a Notary Public in and for the jurisdiction aforesaid, personally appeared in said jurisdiction _____, personally well known to me (or satisfactorily proven) to be the person who executed the foregoing General Power of Attorney; and that (s)he acknowledged that (s)he executed the foregoing instrument as his/her act and deed for the purposes therein contained, and delivered the same as such.

WITNESS my hand and Notarial Seal the year and day first above written.

(Notary Public signature)

My Commission Expires: _____

Seal