

To: Navy Federal Credit Union	
In reference to Access Number	at Navy Federal Credit Union,
I hereby revoke the Power of Attorney granted to:	
(Please print name of Attorney in Fact.)	
Choose one of the following:	
□ With the following execution date	
\Box All Powers of Attorney executed prior to today's	s date appointing the Attorney in Fact listed above.
If neither option is selected, this revocation will apply to	o all Powers of Attorney executed prior to today's date.
This revocation is effective immediately upon receipt.	
Thank you.	
Print Name	
Signature	_ Date
Please submit this form to Navy Federal Credit Union at:	
Navy Federal Branch	

Fax: 703-206-1373

Email: FAX_POA_Support@navyfederal.org

Mail: Navy Federal Credit Union

Attn: RS Power of Attorney

P.O. Box 36460, Pensacola, FL 32526-6460

