



P.O. Box 182084 Columbus, OH 43218
Bread Savings Customer Care: 833-755-4354
Savings.Breadfinancial.com

Affidavit of Attorney-In-Fact

Power of Attorney document must attached to this form.

Please review all pages of this form.

Section A: Principal Information (Required when Agent is Opening the Account)

We only open accounts for legal U.S. residents for applicants 18 or over. By signing and submitting this application, you are acknowledging that the Principal (Account Owner) meets the age requirement and is a U.S. citizen or resident alien of the U.S.

Principal Name (First, MI, Last):	
Principal Date of Birth (MM/DD/YY):	Principal Social Security Number (SSN):
Principal Current Home Address (Cannot be P.O. Box): (Include Street, City, State and Zip)	
Principal Mailing Address (If different than above): (Include Street, City, State and Zip)	
Principal Phone Number:	Other Contact Number:
Principal Email Address:	



Please see next page for Attorney-In-Fact information.





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Section B: Attorney-In-Fact Information

We will use the information to verify identity of the attorney-in-fact when an action is taken on the customer's behalf.

To help the government fight the funding of terrorism and money laundering, federal law requires all U.S. financial institutions to obtain, verify, and record information that identifies each person who is an owner of an account. What this means for you: When you open an account or are added as an account owner, we will ask for your name, a street address, date of birth, and other information that will allow us to identify you. We may also ask to see your identifying documents.

Attorney-In-Fact Name (First, MI, Last):	
Attorney-In-Fact Date of Birth (MM/DD/YY):	Attorney-In-Fact Social Security Number (SSN):
Attorney-In-Fact Current Home Address (Cannot be P.O. Box): (Include Street, City, State and Zip)	
Attorney-In-Fact Mailing Address (If different than above): (Include Street, City, State and Zip)	
Attorney-In-Fact Phone Number:	Other Contact Number:
Attorney-In-Fact Email Address:	



Please see the next page for required signatures, and submission instructions.



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Section C: CERTIFICATION AND ACKNOWLEDGMENT

I, the undersigned party acting as **Attorney-In-Fact** under a Power of Attorney, does hereby certify under penalty of perjury that

1. The attached Power of Attorney is in full force and effect and to the best of my knowledge has not been terminated by revocation or by the principal's death, incapacity, or otherwise, including divorce if applicable.
2. To the best of my knowledge, at the time the power of attorney was signed, the principal was competent to execute the document and was not under undue influence to sign the document.
3. My authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or guardian advocate, or any other similar judicial proceedings.
4. If I am a successor agent, the circumstances or conditions stated in the power of attorney that would cause me to become the acting agent have occurred.
5. I meet the requirements for serving as an agent under applicable state law.
6. I am acting in good faith pursuant to the authority given under the Power of Attorney.
7. I, Individually and as the Attorney-In-Fact for the Principal, release, discharge, indemnify and hold Bread Savings harmless against all claims, suits, causes of action, damages, losses, expenses, legal fees, costs and any other liabilities that Bread Savings may be subject to as a result of, or in connection with, any transactions or instructions initiated or provided with regard to the customer or any of the customer's accounts.

By signing below and submitting this Affidavit you are also confirming that the information you have provided on this form is true and correct. You further agree to the terms of the Digital Banking Services and Deposit Account Terms and the Financial Privacy Notice, and you authorize us to verify information provided on this form in connection with the account.


Attorney-In-Fact's Signature:	Date:
Notary Signature:	Date:
Notary Seal:	Notary Commission Expires:
	Notary Jurisdiction:

SIGNATURE MUST BE NOTARIZED WITH ACKNOWLEDGMENT

Return all pages (3 of 3) of the completed and signed form with any attached documents via your Secure Messages.

Request will not be considered valid unless all pages are completed and returned along with the Power of Attorney document.

How to send these forms to us by Secure Message:

Login to your online banking and select "Messages" from your menu or Dashboard then select to "Start a Conversation" → select the  icon next to "Type your message..." → select "Files" → select the completed form → type and title your message: **Power of Attorney** → select "Send"

Or By Mail: Bread Savings P.O. Box 182084 Columbus, OH 43218

