



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

POWER OF ATTORNEY

Know all men by these presents, that the undersigned does hereby make, constitute and appoint

LAST NAME (Including Suffix: Sr. Jr. III etc.) OUCU FINANCIAL	FIRST NAME	MI
STREET ADDRESS 90 S SHAFER ST	CITY ATHENS	STATE OH
		ZIP CODE 45701-

My true and lawful attorney-in-fact for me and in my name, place and stead, to make and execute the assignment of or application for my Certificate of Title covering the following described motor vehicle, to-wit:

MAKE	YEAR	VIN.
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And granting to my said attorney-in-fact full authority to do and perform all and every act and thing whatsoever, requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his/her substitute shall lawfully do or cause to be done by virtue hereof.

In Witness whereof, the undersigned has caused his/her name to be subscribed hereto this _____ day of _____, 20_____.

SIGNATURE OF PERSON GIVING POWER OF ATTORNEY X	SOCIAL SECURITY NUMBER OF PERSON GIVING POWER OF ATTORNEY
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ACKNOWLEDGEMENT

Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County,

State of _____
(Notary Seal)

X _____ My commission expires _____
Signature of Notary Public or other Authorized Officer by law