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## LIMITED POWER OF ATTORNEY *For a Motor Vehicle or Boat*

I hereby name and appoint, **Ann T. Blaine or any agent of Palmetto Health Credit Union**, to be my lawful attorney-in-fact, to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle or boat described below, and to print my name and sign their name, on my behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same. This power of attorney expires when Palmetto Health Credit Union receives the properly executed title on the collateral mentioned below with Palmetto Health Credit Union shown as Lienholder.

With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

Year	Make/Manufacturer	Body Type	Title Number
Vehicle/Vessel Identification Number			

**NOTICE TO OWNER: COMPLETE THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

\_\_\_\_\_ Date

\_\_\_\_\_  
 Signature of Owner "Grantor"

\_\_\_\_\_  
 Printed Name of Owner "Grantor"

\_\_\_\_\_  
 Street Address City State Zip Code

\_\_\_\_\_  
 Driver's License or SS# Date of Birth Daytime Phone #

\_\_\_\_\_  
 Notary Signature Notary Printed Name My Commission Expires

Seal