

Central Kansas Water Bank Association
POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint the following grantee:

_____ of the following address: _____

_____ in the county of: _____ in the State of: _____

the attorney in fact for _____
(Person, Partnership, Corporation, Trust, Legal Description, Water Right File Number, etc.)

in connection with the Central Kansas Water Bank Association (CKWBA) activities checked below.

(Check applicable programs)

All current programs

All current and future programs

Deposit program

Savings Account program

(Check specific transactions for each program)

DEPOSIT PROGRAM

SAVINGS ACCOUNT PROGRAM

Deposit Water Right into CKWBA

Open Savings Account

Amend Deposit Contract with CKWBA

Withdraw Water from Savings Account

Cancel Water Right Deposit in CKWBA

Amend Savings Account Contract with CKWBA

Close Savings Account

This power of attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon CKWBA; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the CKWBA office. This power of attorney shall not be effective until properly executed and served to the CKWBA office.

AUTHORIZED SIGNATURES		
Signature of Grantor <i>(Individual)</i>	Signature Date <i>(MM-DD-YYYY)</i>	
Signature of Grantor <i>(Partnership, Corporation, Trust, etc.)</i> (By)	Title/Relationship of Individual Signing in the Representative Capacity	Signature Date <i>(MM-DD-YYYY)</i>
Notary Public <i>(this form shall be acknowledged by a notary Public unless witnessed by CKWBA staff or a corporate seal of grantor is affixed).</i>		
Signature _____ the state of _____ the County of _____		
FOR CKWBA USE ONLY		
Witness Signature <i>(CKWBA Staff Only)</i>	Title	Signature Date <i>(MM-DD-YYYY)</i>
This power of attorney was served to _____		
State of _____ and became effective this _____ day of _____, _____.		

Central Kansas Water Bank Association

Attachment
Page

POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET

Attach to CKWBA-POA

___ of ___

Name of Attorney In Fact (<i>From CKWBA-POA</i>)		Name of Grantor (<i>From CKWBA-POA</i>)	
AUTHORIZED SIGNATURES			
Signature of Grantor (By)		Title/Relationship of Individual Signing in the Representative Capacity	Signature Date
Witness Signature (<i>CKWBA Staff Only</i>)		Signature Date	Title
Notary Public (<i>this form shall be acknowledged by a notary Public unless witnessed by CKWBA staff or a corporate seal of grantor is affixed</i>).			
Signature _____ the state of _____ the County of _____			
Signature of Grantor (By)		Title/Relationship of Individual Signing in the Representative Capacity	Signature Date
Witness Signature (<i>CKWBA Staff Only</i>)		Signature Date	Title
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