



L I M I T E D P O W E R O F A T T O R N E Y

Client Name (1): _____

Client Name (2): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

I, _____, hereby authorize Huston | McCaffrey, LLP (including attorneys Shawn P.K. Huston and Kelly McCaffrey or his/her representatives) to act in my/our name and place, by exercising or performing any act, power, duty, right or obligation whatsoever, in connection with, arising from or relating to any of my/our accounts, policies, debts, investments and/or legal claims and to communicate and otherwise negotiate with any insurance company, individual, bank, mortgage company, creditor, loan processor, government agency, or any legal counsel representing individual(s) or entity(ies).

A photocopy of this Authorization shall be considered as valid as the original. My signature approves the authorization of Huston | McCaffrey, LLP, or its representatives, and this authorization does not expire until revoked by in writing by the person(s) whose signature appears below.

The last four digits of Client (1)'s social security/tax ID number are _____

The last four digits of Client (2)'s social security/tax ID number are _____

This power of attorney includes (but is not limited to) the following account:

Creditor: _____

Last 4 digits of account number: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

The terms of the foregoing general Power Of Attorney are hereby agreed to and acknowledged.

Dated: _____ (Client 1 – Print Name) _____

Dated: _____ (Client 2 – Print Name) _____