**Power of Attorney for Opening a Bank Account**

**POWER OF ATTORNEY**  
**Dated: ${DATE}**

**KNOW ALL MEN BY THESE PRESENTS**

that I, **${**PARTY1\_START**}** ${NAME**}**, residing at ${ADDRESS**}**, born on ${BIRTH**} ${**PARTY1\_END**}** (hereinafter referred to as the "Principal"), do hereby appoint ${PARTY2\_START**}** ${NAME**}**, residing at ${ADDRESS**}**, born on ${BIRTH**} ${**PARTY2\_END**}** (hereinafter referred to as the "Agent" or "Attorney-in-Fact"), to be my true and lawful Attorney-in-Fact with full power and authority to act on my behalf solely for the purpose of opening a bank account and related financial transactions, subject to the terms and conditions set forth below.

**1. Scope of Authority**

The Agent shall have the power to:

* Open a bank account or accounts in my name at any financial institution of the Agent’s choosing, or at a specific institution as directed by me in writing.
* Provide all necessary documentation, including but not limited to identification, signatures, and personal information, required to open such account(s).
* Sign any contracts, agreements, or forms necessary for the opening and initial setup of the bank account(s).
* Deposit initial funds into the account(s) as required or as directed by me.
* Obtain account details, statements, or other related documents upon opening the account(s) and deliver them to me or retain them on my behalf as instructed.

This authority does not extend to managing, withdrawing, or otherwise transacting with the funds in the account(s) after opening, unless explicitly stated in a separate agreement or amendment to this document.

**2. Duration**

This Power of Attorney shall commence on the date of execution and shall remain in full force and effect until the specific task of opening the bank account(s) is completed, or until revoked by me in writing, or upon my death, unless otherwise limited by law. This is intended to be a durable Power of Attorney and shall not be affected by my subsequent incapacity or disability, to the extent permitted by applicable state law, until the specified purpose is fulfilled.

**3. Revocation**

I reserve the right to revoke this Power of Attorney at any time by providing written notice to the Agent. Such revocation shall be effective upon receipt of the notice by the Agent, or as otherwise provided by law.

**4. Governing Law**

This Power of Attorney shall be governed by and construed in accordance with the laws of the State of Illinois. Any disputes arising under this document shall be subject to the jurisdiction of the courts of the State of Illinois.

**5. Third Party Reliance**

Any third party, including financial institutions, dealing with the Agent in good faith shall be entitled to rely on this Power of Attorney as if it were in full force and effect, without the need to inquire into the validity or scope of the Agent’s authority, provided that such third party has no actual knowledge of any revocation or limitation of this Power of Attorney.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on the day and year first above written.

**Signed, Sealed, and Delivered by the Principal:**  
**${**PARTY1\_START**}**

${NAME**}**  
Date: ${DATE}

**${**PARTY1\_END**}**