



# Power of Attorney Information Sheet

Account number: \_\_\_\_\_

My name is \_\_\_\_\_, and I am the person identified in the Power of Attorney document presented to American Express National Bank as the Agent/Attorney-In-Fact (Successor Agent/Successor Attorney-In-Fact). I confirm the below listed information is in connection with a bank account held in the name of \_\_\_\_\_ with American Express National Bank.

Account Owner's Full Name

Full Name of Agent/Attorney-In-Fact: \_\_\_\_\_

Phone Number of Agent/Attorney-In-Fact: \_\_\_\_\_

Full Physical Address of Agent/Attorney-In-Fact: \_\_\_\_\_

City State Zip Code

Date of Birth of Agent/Attorney-In-Fact: \_\_\_\_\_

Social Security Number of Agent/Attorney-In-Fact: \_\_\_\_\_

Email Address for Agent/Attorney-In-Fact: \_\_\_\_\_

Signature of Agent/Attorney-In-Fact: \_\_\_\_\_

Please submit completed document via fax or mail to one of the following:  
Fax: 1-800-542-0779  
Mail: American Express National Bank, PO Box 30384, Salt Lake City, UT 84130-0384