

## DIRECTORS' OATH OF OFFICE

NAME OF CREDIT UNION: \_\_\_\_\_

CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_

As provided by O.C.G.A. §7-1-655, I swear and affirm the following:

**I will diligently and honestly perform my duties in the administration of the affairs of this credit union, I will not permit a willful violation of law by the credit union, and that I meet the eligibility requirements of the *Financial Institutions Code of Georgia* and the articles and bylaws of this credit union.**

| Typed Name and City/State of Residence | Official Signature |
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The above oath was sworn or affirmed to and subscribed to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

Notary Public \_\_\_\_\_

\_\_\_\_\_ County, Georgia