

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Company/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Authorization to Act as Representative

I, [Your Full Name], residing at [Your Address], hereby authorize [Authorized Representative's Full Name], residing at [Authorized Representative's Address], to act on my behalf regarding [specific matters or transactions, e.g., financial affairs, medical decisions, legal matters].

This authorization includes, but is not limited to:

1. [Specificity of action 1]
2. [Specificity of action 2]
3. [Specificity of action 3]

This authorization is effective from [Start Date] and will remain in effect until [End Date or "until revoked in writing"].

Please provide [Authorized Representative's Full Name] with any necessary information and assistance they might require in carrying out these responsibilities.

Thank you for your immediate attention to this matter. Should you have any questions or require further verification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title (if applicable)]

Enclosures: [List any attached documents, if applicable]