

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

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

Dear [Recipient's Name],

Subject: Financial Authorization

I, [Your Full Name], hereby authorize [Authorized Person's Name] to act on my behalf regarding financial matters and transactions related to [specific purpose or account]. This authorization includes [list specific permissions granted, e.g., accessing accounts, making transactions, etc.].

This authorization is effective as of [start date] and will remain in effect until [end date or condition for termination].

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you have any questions or require further confirmation.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Position, if applicable]