

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

DBS Bank

[Bank's Address]
[City, State, Zip Code]

Subject: Letter of Authorization for Transactions

To Whom It May Concern,

I, [Your Name], holding the account number [Your Account Number] at DBS Bank, hereby authorize [Authorized Person's Name] to perform transactions on my behalf.

The scope of this authorization includes:

1. Making deposits.
2. Withdrawing funds.
3. Checking account balances.
4. Performing fund transfers.

I acknowledge that this authorization is valid until [Expiry Date], unless revoked earlier by me in writing. I hereby release DBS Bank from any liability for actions taken by [Authorized Person's Name] under this authorization.

Please find the identification details of the authorized person below:

Full Name: [Authorized Person's Name]

Identification Number: [ID Number]

Should you require any further confirmation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]