

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

[Recipient Name]
[Recipient Title/Position]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Letter of Authorization for eWallet Transactions

Dear [Recipient Name],

I, [Your Full Name], hereby authorize [Authorized Person's Full Name] to act on my behalf regarding all matters pertaining to my eWallet account with [eWallet Service Provider's Name]. This authorization includes but is not limited to the following actions:

1. Accessing my eWallet account.
2. Making transactions, transfers, and withdrawals.
3. Managing my account details and settings.

This authorization is valid from [Start Date] to [End Date]. Please find attached a copy of my identification for verification purposes.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Attachment: Copy of Identification]