

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

[Recipient Name]
[Recipient Title]
[Recipient Organization]
[Organization Address]
[City, State, Zip Code]

Subject: IHSS Payment Authorization

Dear [Recipient Name],

I, [Your Name], am writing to authorize the processing of my In-Home Supportive Services (IHSS) payments.

Client Name: [Client's Full Name]

Client ID: [Client ID Number]

Provider Name: [Provider's Full Name]

Provider ID: [Provider ID Number]

I hereby authorize [Provider's Name] to receive payment for services rendered on my behalf. This authorization is effective immediately and will remain in effect until revoked in writing.

Please find attached any relevant documents required to process this authorization.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Relationship to Client]