

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

[Recipient's Name]
[Recipient's Position, if applicable]
[PAG-IBIG Fund Office Address]
[City, State, Zip Code]

Subject: Authorization Letter for Third-Party Pag-IBIG Loan

Dear [Recipient's Name],

I, [Your Name], with Pag-IBIG Membership ID #[Your Membership ID], hereby authorize [Third Party's Name], [Third Party's Address], to act on my behalf regarding my Pag-IBIG loan application. This authorization includes but is not limited to signing documents, submitting forms, and receiving information related to the loan process.

I understand that my personal information may be disclosed to [Third Party's Name] as necessary for the completion of this transaction.

This authorization is valid from [Start Date] to [End Date].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]