

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

[Pag-IBIG Fund Branch Address]  
[City, State, Zip Code]

Subject: Authorization Letter for Pag-IBIG Loan Processing

To Whom It May Concern,

I, [Your Full Name], with Pag-IBIG Membership ID [Your Membership ID], hereby authorize [Representative's Full Name] to act on my behalf in all matters related to my Pag-IBIG loan application and processing.

[Representative's Full Name] is authorized to submit documents, sign forms, and receive information regarding my loan application. This authorization is valid until [End Date or "until revoked in writing"].

Thank you for your assistance.

Sincerely,

[Your Signature]  
[Your Printed Name]