

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

Vystar Credit Union

[Branch Address]
[City, State, Zip Code]

Subject: Authorization for Transactions

Dear Vystar Credit Union,

I, [Your Full Name], am writing to authorize [Name of Authorized Person] to conduct transactions on my behalf related to my account with Vystar Credit Union.

Account Number: [Your Account Number]

I hereby grant [Name of Authorized Person] the authority to perform the following transactions:

- [Specify Transactions]
- [Specify Transactions]

This authorization is effective from [Start Date] and will remain in effect until [End Date or "until I provide written notice to revoke this authorization"].

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further verification or questions.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]