

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

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

Subject: Authorization Letter for Financial Transactions

Dear [Recipient Name],

I, [Your Full Name], hereby authorize [Authorized Person's Full Name], holding [Authorized Person's Identification Number, if applicable], to act on my behalf regarding all financial transactions related to [specific account, transaction type, or purpose].

This authorization includes but is not limited to:

- Access to account information
- Making deposits and withdrawals
- Conducting transfers
- Signing documents related to financial matters

This authorization is effective from [start date] until [end date or specify 'until revoked'].

Please provide [Authorized Person's Full Name] with any necessary support and access to fulfill these responsibilities.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Position, if relevant]