

Beneficiary Restricted Access Authorization for College Funds

Date: _____

To Whom It May Concern,

I, [Beneficiary's Name], born on [Date of Birth], hereby authorize [Authorized Person's Name], my [Relationship to Beneficiary], to have restricted access to my college funds held at [Name of Financial Institution] under account number [Account Number].

This authorization will remain in effect until [Expiration Date] or until I provide written notice of cancellation.

The authorized person may access only the following types of transactions:

- Payment of tuition fees
- Payment for required textbooks and supplies

All other transactions or access to the funds are strictly prohibited without my prior written consent.

Thank you for your cooperation.

Sincerely,

[Beneficiary's Signature]

[Beneficiary's Printed Name]

[Beneficiary's Address]

[Beneficiary's Email Address]

[Beneficiary's Phone Number]