

# Beneficiary Restricted Access Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Financial Institution Name]

[Institution Address]

[City, State, Zip Code]

Subject: Authorization for Beneficiary Restricted Access

To Whom It May Concern,

I, [Your Name], hereby authorize [Beneficiary Full Name] to have restricted access to my financial accounts held at [Financial Institution Name]. This authorization allows the beneficiary to view account balances, transaction history, and other account-related information, but does not grant them the ability to withdraw funds or make transactions on my behalf.

Account Details:

- Account Number: [Account Number]
- Account Type: [Account Type]

This authorization is effective immediately and will remain in effect until [specify duration or condition for termination].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]