

Authorization Letter for Insurance Payment Record Access

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person's Name] to access my insurance payment records held by [Insurance Company Name]. This authorization is valid from [Start Date] to [End Date].

Details of my insurance policy are as follows:

Policy Number: [Your Policy Number]

Type of Insurance: [Type of Insurance]

This authorization is granted for the purpose of [specific purpose, e.g., obtaining necessary documents, managing accounts, etc.].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]