

Safe Deposit Box Renewal Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], the holder of safe deposit box number [Insert Box Number] located at [Insert Bank Name and Branch], hereby authorize the renewal of my safe deposit box for the upcoming year.

Account Number: [Insert Account Number]

Contact Information: [Insert Phone Number and Email]

Please find attached the payment for the renewal fees.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]