

# Client Representation Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Client's Full Name], residing at [Client's Address], hereby authorize [Authorized Person's Full Name], who is employed at [Company/Organization Name] and can be reached at [Authorized Person's Contact Information], to act on my behalf regarding [specific purpose or matter].

This authorization includes, but is not limited to, the representation of my interests in [describe the specific matters, e.g., legal, financial, etc.].

I affirm that I have the authority to grant this authorization and that it is valid from [Start Date] to [End Date], unless revoked in writing prior to the expiration date.

Thank you for your attention to this matter.

Sincerely,

[Client's Signature]

[Client's Printed Name]

[Client's Contact Information]