

Third-Party Authorization for Financial Transactions

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, residing at **[Your Address]**, hereby authorize **[Authorized Person's Full Name]**, located at **[Authorized Person's Address]**, to act on my behalf in all matters pertaining to financial transactions with **[Financial Institution's Name]**.

This authorization includes, but is not limited to, the following:

- Access to my accounts
- Making transactions
- Obtaining account information

This authorization is valid until **[Expiration Date]** or until revoked by me in writing.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]