

Cheque Signing Authorization Letter

Date: [Insert Date]

[Your Name]

[Your Title]

[Non-Profit Organization Name]

[Organization Address]

[City, State, Zip Code]

To Whom It May Concern,

This letter serves as authorization for the following individuals to sign cheques on behalf of [Non-Profit Organization Name]:

- [Name of Authorized Signatory 1] - [Title/Position]
- [Name of Authorized Signatory 2] - [Title/Position]
- [Name of Authorized Signatory 3] - [Title/Position]

These individuals are granted the authority to sign cheques and represent [Non-Profit Organization Name] in all financial matters related to the organization's operations.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Non-Profit Organization Name]