

Beneficiary Identification Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Financial Institution's Name]

[Financial Institution's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Financial Institution's Name] to identify and verify the beneficiary, [Beneficiary's Name], in relation to my account number [Account Number]. This authorization is granted for the purpose of [purpose of authorization].

Please find attached the necessary documents to assist in this process.

Thank you for your attention to this matter. If you need any further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]