

# Fund Transfer Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize the transfer of funds to support my family. The details of the transfer are as follows:

**Beneficiary Name:** [Beneficiary's Full Name]

**Beneficiary Account Number:** [Beneficiary's Account Number]

**Bank Name:** [Beneficiary's Bank Name]

**Amount to Transfer:** [Transfer Amount]

**Date of Transfer:** [Transfer Date]

This transfer is intended for the purpose of family support and is to be used for [specify purpose, e.g., education, medical expenses].

I confirm that I am the account holder of the above-mentioned account and have the right to authorize this transaction.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Full Name]

[Your Contact Information]