

Client Agent Authorization Letter

Date: [Insert Date]

To:

[Financial Institution Name]

[Financial Institution Address]

Subject: Authorization of Agent for Financial Services

Dear [Recipient's Name],

I, [Your Full Name], of [Your Address], hereby authorize [Agent's Full Name] of [Agent's Address] to act on my behalf in all matters related to my financial services account with [Financial Institution Name]. This authorization includes, but is not limited to, accessing account information, managing transactions, and making decisions regarding my financial services.

This authorization is valid from [Start Date] to [End Date]. I understand that I may revoke this authorization at any time by providing written notice to [Financial Institution Name].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]