

Client Information Adjustment Authorization

Date: [Insert Date]

To: [Client's Name]

[Client's Address]

[City, State, Zip Code]

Dear [Client's Name],

This letter serves as an authorization for the adjustment of your information in our records.
Please review the details below:

Current Information:

- Name: [Current Name]
- Address: [Current Address]
- Phone Number: [Current Phone Number]
- Email: [Current Email]

New Information:

- Name: [New Name]
- Address: [New Address]
- Phone Number: [New Phone Number]
- Email: [New Email]

By signing below, you authorize the above stated adjustments to your client information.

Signature: _____

Date: _____

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]