Client Information Revision Authorization Notice

| Date: | [Insert] | Date |
|--------|----------|-------|
| Dear I | Client's | Name1 |

We are writing to inform you that we have received a request to update your client information in our records. To ensure the accuracy and security of your information, we require your authorization to proceed with the following revisions:

- [Detail of information to be revised]
- [Detail of information to be revised]
- [Detail of information to be revised]

Please review the changes mentioned above. To authorize these revisions, please sign and return this letter by [Insert Return Deadline].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Contact Information]