

Third-Party Service Authorization Letter

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, the undersigned, hereby authorize **[Third-Party Service Name]** to act on my behalf in all financial matters related to my account.

This authorization grants **[Third-Party Service Name]** permission to perform the following actions:

- Access my financial account information
- Execute financial transactions
- Receive account statements and updates

Account Information:

- Account Holder: [Your Full Name]
- Account Number: [Your Account Number]
- Financial Institution: [Your Bank Name]

This authorization is effective immediately and will remain in effect until revoked in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]