

Third-Party Payment Authorization for Educational Fees

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Third Party's Name or Organization] to make payments on my behalf for my educational fees to [Educational Institution's Name].

Details of Payments:

- Student Name: [Student's Name]
- Student ID: [Student's ID]
- Amount: [Specify Amount]
- Academic Year: [Specify Year/Term]

This authorization will remain in effect until [Expiration Date] or until revoked in writing by me.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]