

Third-Party Payment Authorization for Subscription Services

Date: _____

To Whom It May Concern,

I, **[Your Name]**, hereby authorize **[Third-Party Name]** to make payments on my behalf for the subscription service **[Service Name]**. This authorization will remain in effect until revoked in writing.

Details of the Subscription:

- Account Name: **[Your Account Name]**
- Subscription Type: **[Type of Subscription]**
- Amount: **[Subscription Amount]**
- Payment Frequency: **[Monthly/Quarterly/Annually]**

By signing below, I confirm that I am the account holder and I grant permission for the payment to be processed by the designated third party.

Signature: _____

Name: **[Your Name]**

Email: **[Your Email]**

Phone: **[Your Phone Number]**

Please feel free to contact me if you need any further information.

Thank you.

Sincerely,

[Your Name]