

# Customer Account Management Authorization

Date: [Insert Date]

To: [Financial Institution Name]

Address: [Financial Institution Address]

Dear [Financial Institution Contact Name],

I, [Your Full Name], hereby authorize [Authorized Person's Full Name] to manage my accounts with [Financial Institution Name]. This includes, but is not limited to:

- Accessing account information
- Making transactions
- Requesting account statements
- Updating personal information

This authorization is effective immediately and will remain in effect until [Insert End Date or "further notice"].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Full Name]

[Your Address]

[Your Contact Information]