

Customer Account Management Authorization

Date: [Insert Date]

To Whom It May Concern,

We, [Non-Profit Organization Name], located at [Address], hereby authorize the following individual(s) to manage our customer account:

- Name: [Authorized Person's Name]
- Title: [Authorized Person's Title]
- Email: [Authorized Person's Email]
- Phone: [Authorized Person's Phone Number]

This authorization grants the above individual(s) the authority to access, manage, and modify our account information as necessary in relation to our non-profit operations.

Please feel free to contact us at [Contact Information] if you have any questions regarding this authorization.

Sincerely,

[Your Name]

[Your Title]

[Non-Profit Organization Name]

[Contact Information]