

# Customer Account Management Authorization

Date: [Insert Date]

To: [Service Provider's Name]

Address: [Service Provider's Address]

Dear [Service Provider's Name],

I, [Your Name], hereby authorize [Service Provider's Name] to manage my account on my behalf. This authorization includes, but is not limited to, accessing my account information, making changes to my account settings, and handling any service requests necessary for account management. My account details are as follows:

- Account Holder Name: [Your Name]
- Account Number: [Your Account Number]
- Contact Information: [Your Contact Information]

This authorization is effective as of [Start Date] and will remain in effect until [End Date], or until I provide written notice of cancellation.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]