

# Authorization for Financial Advising

Date: \_\_\_\_\_

To Whom It May Concern,

I, **[Your Full Name]**, hereby authorize **[Adviser's Full Name]** of **[Adviser's Company Name]** to act on my behalf regarding budgeting advice. I give my consent for them to access my financial information necessary for providing such advice.

This authorization is effective from **[Start Date]** until **[End Date]** or until revoked in writing.

Thank you for your attention to this matter.

Sincerely,

\_\_\_\_\_  
[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email]