

# Payroll Processing Authorization Release

**To:** [Payroll Department Name]

**From:** [Your Name]

**Date:** [Date]

**Subject:** Payroll Processing Authorization Release

Dear [Payroll Department],

I, [Your Name], hereby authorize the processing of payroll for the period of [specified payroll period]. I confirm that all necessary information related to this payroll processing has been provided and verified.

Please proceed with the necessary actions to ensure timely payment to all eligible employees.

If you require any further information, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Job Title]

[Your Contact Information]