

# Account Recovery Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], hereby authorize the recovery of my online account associated with the email address [Your Email Address]. I confirm that the identity verification process may include the following details:

- Full Name: [Your Full Name]
- Username: [Your Username]
- Date of Birth: [Your Date of Birth]
- Last Login Date: [Last Login Date]
- Billing Address: [Your Billing Address]

Should you require any further information or documentation to process my request, please do not hesitate to contact me at [Your Phone Number] or [Your Alternate Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]