

# Blank Authorization Letter

Date:

---

To Whom It May Concern,

I,

---

, hereby authorize

---

to act on my behalf for the following  
purpose:

---

---

This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_.

Additional Instructions/Notes:

---

---

---

---

Signature of Authorizer

---

Name of Authorizer

---

Signature of Authorized Person

---

Name of Authorized Person