

## Blank Authorization Letter

Date:

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To Whom It May Concern,

I,

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, hereby authorize

to act on my behalf for the following  
purpose:

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

Additional Instructions/Notes:

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Signature of Authorizer

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Name of Authorizer

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Signature of Authorized Person

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Name of Authorized Person