

Your Name
Your Address
City, State, Zip Code

Date: _____

Recipient's Name
Recipient's Address
City, State, Zip Code

Subject: Statement of Authorization

I, _____, hereby authorize _____ to act on my behalf in all matters relating to _____.

This authorization will be valid from _____ to _____ unless revoked earlier by me in writing.

Thank you for your attention and cooperation.

Sincerely,

Signature

Printed Name