

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