**FINANCIAL AUTHORIZATION LETTER**

[Your Full Name]
[Your Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]

[Date]

**To Whom It May Concern,**

I, **[Your Full Name]**, residing at **[Your Full Address]**, hereby authorize **[Authorized Person’s Full Name]**, residing at **[Authorized Person’s Address]**, to act on my behalf in all financial matters as outlined in this letter.

**Scope of Authorization**

This authorization includes, but is not limited to, the following actions:

* Accessing and managing my bank accounts, including deposits, withdrawals, and inquiries.
* Signing checks and financial documents on my behalf.
* Making payments on my behalf for bills, loans, or other obligations.
* Accessing and handling investment accounts, including making investment decisions.
* Collecting or submitting financial statements, forms, or reports.
* Communicating with financial institutions, government agencies, and related parties as necessary.

This authorization is granted solely for the purpose of managing my financial affairs and does **not** authorize the authorized person to transfer ownership of any assets or accounts unless explicitly permitted in writing.

**Duration of Authorization**

This authorization shall commence on **[Start Date]** and shall remain in effect until **[End Date]**, unless I revoke it earlier in writing.

**Identification of Authorized Person:**

* Full Name: **[Authorized Person’s Full Name]**
* Address: **[Authorized Person’s Full Address]**
* Phone Number: **[Authorized Person’s Phone Number]**
* Email Address: **[Authorized Person’s Email Address]**

**Acknowledgment**

By signing below, I confirm that I understand the nature of this authorization and voluntarily grant the individual named above the authority to act on my behalf in financial matters. I accept full responsibility for any actions taken by the authorized person within the scope of this authorization.

If you require any additional verification or have questions regarding this authorization, please contact me directly at the phone number or email address listed above.



Sincerely,

**[Your Signature]**
**[Your Printed Name]**
**Date: [Insert Date]**

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**FINANCIAL AUTHORIZATION LETTER (SAMPLE)**

**Emily R. Dawson**
**7824 Maplewood Drive**
**Springfield, IL 62704**
**(217) 555-8912**
**emily.dawson@email.com**

**July 19, 2025**

**To Whom It May Concern,**

I, **Emily R. Dawson**, residing at **7824 Maplewood Drive, Springfield, IL 62704**, hereby authorize **Jonathan P. Hayes**, residing at **1052 Oak Hill Lane, Springfield, IL 62703**, to act on my behalf in all financial matters as outlined in this letter.

### ****Scope of Authorization****

This authorization includes, but is not limited to, the following actions:

* Accessing and managing my bank accounts at First National Bank, including deposits, withdrawals, and inquiries.
* Signing checks and financial documents on my behalf.
* Making payments on my behalf for rent, utility bills, and loan installments.
* Accessing and managing my investment account at BrightStone Financial.
* Collecting or submitting financial statements, forms, or reports to relevant institutions.
* Communicating with financial institutions, credit agencies, and government tax departments as necessary.

This authorization is granted solely for the purpose of managing my financial affairs and does **not** authorize the authorized person to transfer ownership of any assets or accounts unless explicitly permitted in writing.

### ****Duration of Authorization****

This authorization shall commence on **July 20, 2025** and shall remain in effect until **October 20, 2025**, unless I revoke it earlier in writing.

### ****Identification of Authorized Person****

* Full Name: **Jonathan P. Hayes**
* Address: **1052 Oak Hill Lane, Springfield, IL 62703**
* Phone Number: **(217) 555-3347**
* Email Address: **jon.hayes72@email.com**

### ****Acknowledgment****

By signing below, I confirm that I understand the nature of this authorization and voluntarily grant the individual named above the authority to act on my behalf in financial matters. I accept full responsibility for any actions taken by the authorized person within the scope of this authorization.

If you require any additional verification or have questions regarding this authorization, please contact me directly at the phone number or email address listed above.

Sincerely,

**Emily R. Dawson** ✍️
**Emily R. Dawson**
**Date: July 19, 2025**