

LETTER OF AUTHORIZATION

NAME OF SENDER: [Name]

DATE: [Date]

ADDRESS: [Address]

STATE: [City, State, ZIP Code]

CONTACT DETAILS: [Email Address, Phone Number]

NAME OF RECIPIENT: [Name]

ADDRESS: [Address]

STATE: [City, State, ZIP Code]

Dear [RECIPIENT],

I, [SENDER Name], hereby authorize [RECIPIENT] to act on my behalf in [specific action or purpose]. This authorization is granted with the understanding that [RECIPIENT Name] will represent me in all matters related to [specific action or purpose] starting from [START DATE] to [END DATE]

The scope of authority granted to [RECIPIENT] includes the following:

[Specify authorized actions or decisions]

[Specify any limitations or conditions]

I understand that by granting this authorization, I am legally empowering [RECIPIENT Name] to act in my stead and make decisions on my behalf. I hereby confirm that I will be bound by all actions taken by [RECIPIENT Name] within the scope of this authorization.

Furthermore, I acknowledge that I retain the right to revoke this authorization at any time by providing written notice to [RECIPIENT NAME]. Upon receipt of such notice, [RECIPIENT Name] shall cease all activities and representations on my behalf.

Sincerely,

Signature of Sender: _____ Date: _____

Accepted and Acknowledged:

[RECIPIENT NAME]

Signature: _____ Date: _____