

Financial Authorization Letter to Authorize Financial Transactions

John D. Williams

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(555) 234-5678

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Date: October 16, 2024

To:

Sunshine Bank

Downtown Branch

123 Financial Plaza

Orlando, FL 32801

Subject: Authorization for Financial Transactions on My Behalf

Dear Branch Manager,

I, John D. Williams, hereby authorize Mary A. Thompson to carry out specific financial transactions on my behalf at Sunshine Bank. This authorization is granted due to my upcoming travel abroad, during which I will be unable to manage my accounts personally. The details of the authorized person and the scope of this authorization are outlined below.

Authorized Person's Details:

- **Full Name:** Mary A. Thompson
- **Relationship to Authorizer:** Sister
- **Address:** 456 Oak Street, Orlando, FL 32801
- **Phone Number:** (555) 876-5432
- **Email Address:** mary.thompson@email.com

Scope of Authorization:

I authorize Mary A. Thompson to:

- Make deposits into and withdrawals from my accounts
- Transfer funds between my accounts or to other specified accounts as necessary
- Access my account information, including balances and transaction history
- Sign documents related to the transactions on my behalf

Account Details:

- **Bank Name:** Sunshine Bank
- **Branch Name:** Downtown Branch
- **Account Number:** 123456789
- **Account Type:** Checking

Duration of Authorization:

This authorization is effective from October 20, 2024, and will remain valid until December 31, 2024, or until revoked by me in writing.

Terms and Conditions:

This authorization is strictly limited to the specified transactions and actions listed above. I retain the right to revoke this authorization at any time by providing written notice to both Mary A. Thompson and Sunshine Bank.

If you require further verification, please contact me directly at (555) 234-5678 or **john.williams@email.com**.

Signature of Authorizer: _____

Printed Name: John D. Williams

Date Signed: October 16, 2024

Signature of Witness (if required): _____

Printed Name of Witness: Sarah P. Greene

Date Signed: October 16, 2024

Notary Public Signature (if required): _____

Notary Seal: _____

Date: October 16, 2024

Thank you for your cooperation in processing this authorization.

Sincerely,

John D. Williams.