

Letter of Financial Authorization for Granting Permission

Alexandra T. Morgan

654 Pine Avenue

Seattle, WA 98101

(555) 876-5432

alexandra.morgan@email.com

Date: October 16, 2024

To:

Pacific Trust Bank

Downtown Branch

789 Finance Street

Seattle, WA 98101

Subject: Authorization to Act on My Behalf for Financial Transactions

Dear Branch Manager,

I, Alexandra T. Morgan, am writing to formally authorize Michael L. Green to perform specified financial actions on my behalf. This authorization is due to my temporary unavailability while I am abroad for work.

Authorized Person's Details:

- Full Name: Michael L. Green
- Relationship to Authorizer: Brother
- Address: 321 Cedar Lane, Seattle, WA 98102
- Phone Number: (555) 234-6789

- Email Address: michael.green@email.com

Scope of Authorization:

I hereby authorize Michael L. Green to:

- Access and manage my account(s) at Pacific Trust Bank, including viewing balances and transaction history.
- Make deposits into and withdrawals from my account(s).
- Transfer funds between my accounts or to specified third parties as needed.
- Sign financial documents pertaining to my bank account(s) on my behalf.

Account Details:

- Bank Name: Pacific Trust Bank
- Branch Name: Downtown Branch
- Account Number: 987654321
- Account Type: Checking

Duration of Authorization:

This authorization is effective from October 18, 2024, and will remain valid until February 28, 2025, or until I provide written notice of revocation.

Terms and Conditions:

This authorization is limited to the specified transactions and activities listed above. Michael L. Green is not permitted to perform actions outside the defined scope. I retain the right to revoke this authorization at any time by providing written notice to both the authorized person and Pacific Trust Bank.

If you require any further confirmation, please do not hesitate to contact me directly at (555) 876-5432 or via email at alexandra.morgan@email.com.

Signature of Authorizer: _____

Printed Name: Alexandra T. Morgan

Date Signed: October 16, 2024

Signature of Witness (if required): _____

Printed Name of Witness: Laura B. Turner

Date Signed: October 16, 2024

Notary Public Signature (if required): _____

Notary Seal: _____

Date: October 16, 2024

Thank you for your assistance and cooperation.

Sincerely,

Alexandra T. Morgan.