(Your Name)

(Your Address)

(Your Contact Information)

(2 spaces)

(Date)

(2 spaces)

(Recipient Full Name)

(Recipient Address)

(Recipient Contact Information)

(2 spaces)

(Dear Recipient Name: )

(2 spaces)

I, (Your Name), hereby authorize (Appointed Representative) permission to process, and sign any and all documents in my name, with no restriction. To expedite the process, I’ve included Identification information for verification needs:(Appointed Representative Name)

(Method of identity verification used)

(Identification Number)

(Scope of Authorization: Type of documents to be processed)

(Start Date)

(End Date)Sincerely,

(4 spaces)

(Signed Signature)

(Typed Signature)

(Date)

(Notary if required)