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| |  | | --- | |  | | **Authority letter** Banking Transactions | |  | | To  [Receiver Name]  [Receiver Title]  [Addess]  [Email] | |  | | From  [Sender Name]  [Sender Title]  [Addess]  [Email] | | |  | | --- | |  | |  | | **Subject:** Authorization Letter for Banking Transactions  Dear Ms. Johnson,  I, John Smith, am writing this letter to authorize Sarah Anderson to act on my behalf in specific banking and financial matters related to my account with City Bank. I am the account holder of Account Number: 123456789.  **I hereby grant Sarah Anderson permission to perform the following transactions and actions on my behalf:**   * Make deposits and withdrawals from my account. * Initiate fund transfers between my accounts. * Inquire about transaction details and account status. * Process bill payments.   This authorization is effective from August 10, 20XX, and will remain valid until December 31, 20XX, unless revoked earlier. I understand that I am solely responsible for any actions carried out by Sarah Anderson on my behalf.  **Please find below the details of the authorized Agent:**   * Full Name: Sarah Anderson * Identification Document: Driver's License - DL567890 * Contact Number: (555) 123-4567 * Email Address: sarah.anderson@email.com   I request your cooperation and support in facilitating a smooth and efficient banking experience for Sarah Anderson. Kindly provide her with any assistance she may require carrying out the authorized transactions.  Thank you for your prompt attention to this matter. Please feel free to contact me at (555) 987-6543 or john.smith@email.com for any clarifications or verification.  Sincerely,  John Smith | |