|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
|  |
| **Authority Letter**Power of Attorney |
|  |
| To[Receiver Name][Receiver Title][Addess][Email] |
|  |
| From[Sender Name][Sender Title][Addess][Email] |

 |

|  |
| --- |
| **Subject:** Power of Attorney Authorization LetterDear Ms. Doe,I hope this letter finds you well. I am writing to grant my full authority to act on my behalf as my Agent in various matters, as outlined in this Power of Attorney Authorization Letter.I, John Smith, residing at 123 Main Street, New York City, NY, 10001, hereby authorize and appoint Mary Johnson, residing at 789 Oak Street, San Francisco, CA, 94101, to represent and act on my behalf as my Agent in all legal and financial matters and transactions, including but not limited to:Financial Transactions: This includes, but is not limited to, managing my bank accounts, withdrawing funds, depositing checks, signing documents related to financial transactions, and any other related actions necessary for my financial matters.Property Transactions: This involves buying, selling, leasing, or managing real estate properties on my behalf. Legal Matters: My Agent is authorized to engage legal counsel, sign legal documents, and represent me in any legal proceedings, should the need arise.Taxation Matters: My Agent is permitted to file and sign tax returns, deal with tax authorities, and represent me in tax-related matters.Health Care Decisions: This includes making medical decisions on my behalf, accessing my medical records, and communicating with healthcare providers.This authorization is effective from the date of this letter, July 31, 20XX, and shall remain in force unless and until I provide written notice of revocation to both the Agent and the Recipient. Additionally, this authorization may be revoked if my Agent is no longer able or willing to act on my behalf.I trust that Mary Johnson will act in my best interests and exercise her responsibilities diligently and ethically. The Agent is required to keep a record of all actions taken on my behalf and make such records available for my review upon request.Please accept this letter as confirmation of the Power of Attorney Authorization. If you require any additional documentation or have any questions concerning this matter, please do not hesitate to contact me at (555) 555-5555 or john.smith@email.com.Thank you for your prompt attention to this matter.Sincerely,John Smith |

 |