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

|  |
| --- |
| **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. Roberts,I, John Smith, residing at 789 Elm Street, Smithville, State XYZ, hereby grant power of attorney to act on my behalf to the person mentioned below:* Agent's Full Name: Emily Johnson
* Agent's Address: 321 Maple Lane, Riverside, State XYZ
* City, State, Zip Code: Riverside, State XYZ, Zip Code: 12345
* Relationship to Me: Trusted family friend and legal advisor

This authorization is granted for the purpose of allowing my Agent to undertake all necessary and lawful actions and decisions on my behalf. The powers include, but are not limited to:Managing and conducting any legal and financial transactions.Making decisions related to my medical care and treatment, including access to medical records and discussions with healthcare providers.Handling real estate and property matters, such as buying, selling, or leasing properties on my behalf.Representing me in all legal proceedings and signing necessary documents.This power of attorney shall be valid from the date of execution and will remain in effect until December 31, 20XX, unless revoked by me in writing.I trust my Agent to act responsibly and in my best interests while exercising the powers granted in this authorization. Furthermore, I request all third parties, financial institutions, medical facilities, and any other relevant entities to recognize and honor this Power of Attorney.Please consider this letter as a legal document, and kindly keep a copy of this authorization on file. Should you require any further verification or information, please feel free to contact me at (555) 123-4567 or via email at john.smith@email.com.Thank you for your prompt attention to this matter.Sincerely,John Smith |

 |