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| |  | | --- | |  | | **Authority Letter**  Power of Attorney | |  | | To  [Receiver Name]  [Receiver Title]  [Addess]  [Email] | |  | | From  [Sender Name]  [Sender Title]  [Addess]  [Email] | | |  | | --- | |  | |  |   **Subject:** Power of Attorney Authorization Letter  Dear Mr. Smith,  I, Jane Doe, residing at 789 Elm Street, Anytown, State XYZ, hereby grant my full authorization to Michael Johnson to act as my agent in all matters related to financial and legal affairs on my behalf.  This Power of Attorney authorization shall be effective from August 15, 20XX and will remain in effect until December 31, 20XX, unless revoked earlier in writing. Please find below the details of my authorized agent:   * Agent's Full Name: Michael Johnson * Agent's Address: 321 Maple Lane, Big City, State XYZ * Agent's Contact Information: (555) 987-6543, michael@email.com   I trust Michael Johnson with the authority granted through this Power of Attorney and believe that he will act in my best interests and follow all applicable laws and regulations diligently.  **The specific powers granted to my agent include, but are not limited to:**   * Managing my bank accounts, including making deposits, withdrawals, and transactions on my behalf. * Representing me in legal matters, including signing contracts and agreements on my behalf. * Handling tax-related matters, including filing tax returns and communicating with tax authorities.   In no event shall my agent use this authority for their personal benefit or gain. The agent is required to keep a detailed record of all transactions and actions undertaken on my behalf and provide periodic reports as I may request.  I understand the consequences of granting this Power of Attorney, and I am fully aware that my agent will have the legal authority to make decisions on my behalf. Therefore, I entrust Michael Johnson with my financial and legal affairs, and I believe in his capabilities to handle such responsibilities.  Please note that this authorization is specific to the mentioned matters and does not grant any other authority not explicitly stated in this letter.  If at any point I decide to revoke this Power of Attorney authorization, I will provide a written notice to both the agent and yourself.  Thank you for your cooperation and understanding in this matter. If you have any questions or require further information, please do not hesitate to contact me at (555) 123-4567 or example@email.com.  Sincerely,  Jane Doe |