

Authorization Letter
(Power of Attorney Authorization Letter)

[Your Name]
[Your Address]
[City, State, ZIP Code]

[Date]

[Attorney/Authorized Person's Name]
[Attorney/Authorized Person's Address]

[City, State, ZIP Code]

Dear [Attorney/Authorized Person's Name],

I, [Your Name], hereby grant you power of attorney to act on my behalf in all legal, financial, and healthcare matters. You are authorized to make decisions, sign documents, and represent me in all matters requiring my presence or consent.

This power of attorney is effective immediately and remains valid until revoked in writing.

Thank you for accepting this responsibility.

Sincerely,
[Your Signature]
[Your Name]