

One-Time Payment Authorization Letter

Date: _____

To:

[Recipient Name]

[Recipient Address Line 1]

[Recipient Address Line 2]

Subject: Authorization for One-Time Payment

Dear [Recipient Name],

I, [Your Full Name], hereby authorize a one-time payment from my account to **[Recipient's Name or Company]** as outlined below:

Payer Name:	_____
Account Number:	_____
Payee Name:	_____
Payment Amount:	_____
Payment Date:	_____
Payment Description:	_____

I understand that this authorization is valid only for the specified one-time payment and will not be used for any future or recurring transactions. I certify that I am an authorized user of the account provided and will not dispute this scheduled payment.

Signature: _____

Printed Name: _____

Date: _____

Important Notes:

- This authorization is valid for a single transaction only.
- Double-check all account and payment details before submitting.
- Retain a copy of this letter for your records.
- Contact your bank or payment provider if you suspect unauthorized transactions.
- Modifications to this form may render the authorization invalid.