

Payment Authorization Letter

Date: [Insert Date]
Vendor Name: [Insert Vendor Name]
Vendor Address: [Insert Vendor Address]
Contact Number: [Insert Vendor Contact Number]

Dear [Vendor Name],

This letter is to formally authorize the payment to your company for the goods/services provided as detailed below:

Invoice Number: [Insert Invoice Number]
Invoice Date: [Insert Invoice Date]
Amount Authorized: [Insert Amount]
Payment Method: [Insert Payment Method e.g. Bank Transfer/Cheque]
Expected Payment Date: [Insert Expected Payment Date]

Please consider this letter as our official authorization to process the above payment. Should you require any additional information, feel free to contact us.

Sincerely,

[Authorized Signatory Name]

[Designation]

[Company Name]

[Contact Information]

Important Notes:

- Ensure all details are accurate and authorized by the appropriate personnel before sending.
- Attach relevant invoice(s), purchase order(s), or supporting documents as needed.
- Keep a copy of this letter for your records.
- The recipient (vendor) should verify bank account details for electronic payments.
- This document does not serve as proof of payment; it is an authorization notice only.