

Simple Payment Authorization Letter

Date: June 11, 2024

From:

John Smith
45 Maple Street
Newtown, NY 90765

To:

ABC Bank
120 Broadway Avenue
Newtown, NY 90765

Subject: Authorization to Make Payment on My Behalf

Dear Sir/Madam,

I, John Smith, authorize Ms. Linda Taylor (ID: TX870344) to make the payment of my pending credit card bill on my behalf. I request you to allow the payment for my credit card account number 0123 4567 8910 2345 through her.

This authorization is valid for the payment due as of June 15, 2024. I take full responsibility for this transaction and any relevant communication regarding it.

Please contact me at (555) 123-4567 if you need any further information.

Signature of Account Holder

John Smith

Authorized Person

Linda Taylor

Important Notes:

- Always include clear identification details of both parties.
- Specify the exact nature and limit of the authorization.
- Mention the validity period for the authorization.
- Ensure both parties sign for validity and reference.
- Attach copies of identification documents, if required.