

# 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.

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Signature of Account Holder  
John Smith

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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.