

Standard Payment Authorization Letter

Date: _____

To, _____
[Recipient Name/Department] _____
[Company/Organization Name] _____

Subject: **Payment Authorization**

Dear Sir/Madam,

I, _____ (Name), holding the position of _____ (Designation) at
_____ (Company/Organization), hereby authorize the release/payment of the following
amount:

Amount: _____

Payable To: _____

Bank Details (if applicable):

Account Name: _____

Account Number: _____

Bank Name: _____

IFSC/Swift Code: _____

Purpose of Payment: _____

I confirm that all supporting documents have been provided and this authorization is granted in accordance with company policy.

Kindly process the payment at the earliest convenience.

Thank you.

Sincerely,

(Authorized Signatory Name)

(Designation)

(Contact Information)

Important Notes:

- Ensure all details are accurate and supported by valid documents.
- The letter must be signed by an authorized person.
- Retain a copy for your records before dispatching.
- Any amendments should be verified and re-authorized.
- Use for official and legitimate payment requests only.