

Third-party Payment Authorization Document

Date: _____

Reference/Account Number: _____

1. Payer (Third-Party) Details

Full Name / Company Name: _____

Relationship to Payee: _____

Contact Number: _____

Email: _____

Address: _____

2. Payee (Recipient) Details

Full Name: _____

Account Number / Invoice Number: _____

Contact Number: _____

3. Payment Details

Amount Authorized (in words & figures): _____

Purpose of Payment: _____

Payment Method (Bank Transfer/Credit Card/etc.): _____

4. Authorization Statement

I, _____ (Payer), hereby authorize the payment of the amount specified above on behalf of _____ (Payee), and confirm that I have obtained all necessary consents to make this payment.

Payer's Signature: _____

Date: _____

Important Notes:

- This authorization is valid only for the transaction specified above.
- The payer is fully responsible for ensuring the payment is lawful and authorized.
- Any misuse or fraudulent use of this form may result in legal consequences.
- Attach a valid government-issued ID photocopy for third-party authorization validation.
- Retain a copy of this document for your records.