

# 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.