

Bank Payment Authorization Letter with Power of Attorney

Date: _____

To:

The Branch Manager

[Bank Name]

[Branch Address]

[City, State, ZIP Code]

Subject: **Authorization for Bank Payment and Grant of Power of Attorney**

I, **[Your Full Name]**, holding account number **[Your Account Number]** at your branch, do hereby authorize **[Authorized Person's Full Name]**, holding identification number **[ID/Passport Number]**, to act on my behalf in relation to the following:

- To make/authorize payment(s) from my above-mentioned account to the beneficiary/party specified below.
- To receive any confirmation, receipts, or documents related to such transactions.
- To sign or endorse any documents or forms necessary for the execution of the payment(s).

Payment Details:

Beneficiary Name: **[Beneficiary Name]**

Beneficiary Account Number: **[Beneficiary Account Number]**

Payment Amount: **[Amount]**

Purpose of Payment: **[Purpose/Reference]**

This authorization and power of attorney are valid from **[Start Date]** until **[End Date or "until revoked in writing"]**.

I acknowledge that I remain responsible for all transactions carried out under this authorization.

[Your Full Name]
Account Holder's Signature

[Authorized Person's Name]
Authorized Person's Signature

Witnessed by:

[Witness Name & Signature]

Important Notes:

- This letter should be signed by both parties and, where possible, witnessed.
- Attach valid copies of the account holder's and authorized person's identification documents.
- Authorization can be limited to specific transactions and durations.
- The bank may require presence of both parties for verification.
- Revocation of this authorization must be submitted in writing to the bank.

