

Date: _____

To:

The Branch Manager

_____ Bank
_____ Branch

Joint Account Payment Authorization Letter

Dear Sir/Madam,

We, the undersigned, are the joint account holders of Account Number: _____ held with your branch. We hereby authorize and instruct the bank to process payments as follows:

- **Payment To:** _____
- **Amount:** _____
- **Purpose:** _____
- **Frequency (if recurring):** _____

We confirm that this authorization is as per the account mandate and request you to process the payments accordingly until further written notice from any or all joint account holders.

Please let us know if any further information or documentation is required.

Thank you for your assistance.

Name & Signature (Account Holder
1)

Date: _____

Name & Signature (Account Holder
2)

Date: _____

Important Notes:

- All joint account holders must sign the authorization letter unless specified in the account mandate.
- Clearly mention the account number, beneficiary details, and payment purpose to avoid processing delays.
- Check with your bank for any specific format or additional requirements.
- This letter is valid until revoked or amended in writing by any joint account holder.
- Keep a copy of the signed letter for your records.