

FROM / PRINCIPAL

TITLE

DATE

ORGANIZATION

PHONE

EMAIL

SENDER ADDRESS

TO / RECIPIENT OR ORGANIZATION

TITLE / DEPARTMENT

ORGANIZATION

RECIPIENT ADDRESS

RE:

Dear

I authorize the Agent identified below to act only for the specified account, matter, or transaction and only during the stated term. All authority not expressly granted in this letter is reserved to me.

AUTHORIZED AGENT

AUTHORIZED AGENT

TITLE / RELATIONSHIP

PHONE

EMAIL

ADDRESS

ACCOUNT, MATTER OR TRANSACTION

ACCOUNT / MATTER NO.

DEPARTMENT / CONTACT

OTHER REFERENCE NO.

PROPERTY / SUBJECT

PRECISE DESCRIPTION OF ACCOUNT, MATTER OR TRANSACTION

AUTHORITY GRANTED

The Agent may perform only the acts stated below and only as reasonably necessary for the identified matter. The Recipient may rely on this authority during its stated term unless it has actual notice of revocation or expiration.

EXACT ACTS THE AGENT MAY PERFORM

DOCUMENTS / INFORMATION THE AGENT MAY RECEIVE OR DELIVER

LIMITS AND EXCLUSIONS

The Agent may not exceed the limits below, change ownership or beneficiary rights, borrow funds, settle claims, or delegate this authority unless expressly authorized. The Agent may not appoint a substitute.

EXCLUDED ACTS, LIMITS & PROHIBITED TRANSACTIONS

DOLLAR, QUANTITY OR TRANSACTION LIMIT (IF ANY)

TERM, REVOCATION AND VERIFICATION

START DATE / TIME

EXPIRATION DATE / TIME

EXPIRES / LETTER REFERENCE

REVOCATION DELIVERY METHOD

REVOCATION CONTACT / ADDRESS

I may revoke this authority earlier by written notice to the Agent and Recipient. Revocation does not affect a good-faith act completed before actual notice, to the extent permitted by law. The Recipient may verify identity, scope, validity, and continued effectiveness before relying on this letter.

PRINCIPAL ID TYPE / LAST 4

AGENT ID TYPE / LAST 4

SPECIAL INSTRUCTIONS, LIMITS & VERIFICATION DETAILS

Respectfully,

PRINCIPAL SIGNATURE

DATE

PRINTED NAME

TITLE / CAPACITY

ACKNOWLEDGMENT

The Agent accepts the appointment and agrees to act only within the authority granted above.

AUTHORIZED AGENT SIGNATURE

OPTIONAL NOTARY ACKNOWLEDGMENT

Complete only if desired or required. The Principal appeared and acknowledged signing.

STATE

COUNTY

DATE OF APPEARANCE

NOTARY PUBLIC SIGNATURE

PRINTED NAME

COMMISSION EXPIRES