



General Letter of Authorization

Version 1.0 | Reviewed September 2026

Grant a named person limited authority to communicate, submit or collect documents, or complete a specific task.

General information only. This self help template is not legal advice and does not replace a form prescribed by law or required by a recipient.

Recipient verification. Ask the receiving organization whether it accepts a letter of authorization, has its own form, requires identity documents, original signatures, witnesses or notarization, and limits what an authorized person may do.

Limited instrument. This letter is not a power of attorney and does not authorize the representative to swear facts for the grantor or take any action that is not stated and accepted by the recipient.

Date	[TYPE DATE]
To	[TYPE RECEIVING PERSON OFFICE OR ORGANIZATION]
Subject	[TYPE LIMITED AUTHORIZATION FOR SPECIFIC MATTER OR ACCOUNT]

I, [TYPE GRANTOR FULL LEGAL NAME], of [TYPE GRANTOR ADDRESS], authorize [TYPE AUTHORIZED PERSON FULL LEGAL NAME], whose relationship or position is [TYPE RELATIONSHIP OR POSITION], to act for me only as described below.

Authorized matter and actions

Matter or account	[TYPE SPECIFIC TRANSACTION FILE ACCOUNT OR PURPOSE]
Reference number	[TYPE REFERENCE NUMBER OR NOT APPLICABLE]

- ☐ Communicate and receive status updates ☐ Submit documents ☐ Collect specified documents
☐ Receive specified information ☐ Sign only the document named below ☐ Other limited action

Exact authority	[TYPE DESCRIBE EACH PERMITTED ACTION IN CLEAR LIMITED TERMS]
Excluded authority	[TYPE LIST ACTIONS THE REPRESENTATIVE MAY NOT TAKE]
Information access	[TYPE IDENTIFY ONLY THE RECORDS OR INFORMATION THAT MAY BE DISCLOSED]

Effective period

Starts	[TYPE START DATE]	Ends	[TYPE END DATE OR COMPLETION EVENT]
Contact	[TYPE GRANTOR TELEPHONE]	Email	[TYPE GRANTOR EMAIL]

Grantor signature and printed name
Sign as the recipient directs

Date signed

Recipient and Verification Page

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Authorized person

Full name	[TYPE AUTHORIZED PERSON FULL LEGAL NAME]	Telephone	[TYPE TELEPHONE]
Address	[TYPE ADDRESS]	Email	[TYPE EMAIL]
ID	[TYPE IDENTIFICATION TYPE IF REQUIRED]	Relationship	[TYPE RELATIONSHIP OR POSITION]

Reliance and revocation

The recipient may rely on this authorization until the stated end date or until it receives written notice of revocation, subject to its own policies and applicable law. Revocation does not reverse an action already completed in reasonable reliance on this letter.

Revocation contact	[TYPE WHERE WRITTEN REVOCATION MUST BE SENT]
Delivery method	[TYPE EMAIL MAIL IN PERSON OR OTHER APPROVED METHOD]

Optional witness or notary section

Complete only if required. Notarization is not automatically required for every authorization. The recipient or notary should confirm and complete the appropriate wording.

Witness or notary signature
Print name, capacity and contact or appointment details

Grantor signature if signing in that person's presence
Use only if the recipient requires a witnessed signature

Final check

- ☐ The recipient accepts a letter of authorization for this matter and the correct person is named.
- ☐ The authority is specific, limited and no broader than necessary.
- ☐ The start date, end date or completion event is clear.
- ☐ Sensitive records and identification are shared only through an approved secure method.
- ☐ Any required witness, notary, original signature or supporting identity record has been completed.