[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Authorization Letter

This template provides general wording only and is not legal advice. Check the wording against your agreement and the rules that apply to you before you use it.

[Date]
From: [Your full name], [Your address]
To: [Name of the recipient], [Address of the recipient]
Dear [Name of the recipient],
Re: Authorisation to act on my behalf

I, [Your full name], authorise [Full name of the authorised person] to act on my behalf as set out below.

1. Person authorised

Full name: [Full name of the authorised person]
Address: [Address of the authorised person]
Identification document: [Type and number of the identification document, if required]
Contact number: [Contact number of the authorised person]
Email address: [Email address of the authorised person]

2. Scope of authority

May do: (a) collect [Documents to be collected]; (b) submit [Documents to be submitted]; (c) sign [Documents that may be signed]; (d) represent me in discussions about [Subject of the representation]; (e) [Any other act the authorised person may carry out].
May not: (a) sign any document not listed in this letter; (b) make any payment above [Maximum amount the authorised person may pay]; (c) agree to any change to [Agreement, price, or terms not to be changed without your approval]; (d) [Any other act the authorised person must not carry out].

3. Validity, identification and revocation

This authorisation takes effect on [Start date of the authorisation] and remains in effect until [End date of the authorisation], unless revoked earlier as set out below.

The authorised person should present this letter with [Identification document to be shown]. Anyone relying on it may contact me at [Your contact number or email address] to confirm it.

I may revoke this authorisation at any time by written notice to [Name of the person or office to be notified] and to the authorised person. It ends when that notice is received, or on the end date in section 3, whichever is earlier.

I confirm that the details in this letter are correct and that I give this authorisation freely.
Signature: _____ **Date:** [Date of signing]
Full name: [Your full name] **Role:** [Your role or job title, if any]

Acknowledged by the authorised person: Signature: _____
Full name: [Full name of the authorised person] **Date:** [Date of signing]