

AGENT AUTHORIZATION LETTER POWER OF ATTORNEY

State of [STATE]

AGENT AUTHORIZATION LETTER

Date:

Re: Authorization for [AGENT NAME] to Act on Behalf of [PRINCIPAL NAME]

To Whom It May Concern:

I, [PRINCIPAL NAME], of [PRINCIPAL ADDRESS], hereby authorize [AGENT NAME], of [AGENT ADDRESS], to act as my authorized agent for the following specific and limited purpose:

| *[DESCRIBE THE TASK OR MATTER THE]*

Scope of Authority

In connection with the foregoing, my Agent is authorized to:

- (a) Sign any documents, forms, applications, or receipts reasonably necessary to complete the matter;
- (b) Receive, hold, and deliver to me any property, records, funds, or correspondence related to the matter;
- (c) Communicate on my behalf with any institution, agency, employee, or individual involved; and
- (d) Take any other act reasonably incidental to the purpose stated above.

Limitations

This authorization is **strictly limited** to the purpose stated above. It does **not** grant my Agent authority to act on any other matter or to bind me to obligations beyond the scope of the stated purpose.

Termination

This authorization shall terminate automatically upon the earliest of:

1. Completion of the matter described above;
2. ****; or
3. Written revocation delivered to my Agent.

Reliance and Indemnification

Any third party may rely on this letter, and a photocopy, facsimile, or electronic copy shall have the same effect as the original. I agree to indemnify and hold harmless any third party that acts in good-faith reliance on this letter without notice of its revocation.

Contact

Questions regarding this authorization may be directed to me at the address above.

Sincerely,

Principal

PRINTED NAME

SIGNATURE

DATE

Acknowledgment by Agent

I accept the limited authorization above and agree to act in good faith.

Agent

PRINTED NAME

SIGNATURE

DATE