

Date: _____

To Whom It May Concern,

I,

(Full Name of Principal), hereby authorize

(Full Name of Authorized Person) to act on my behalf in all matters relating to

(specify matters or transactions) from

(start date) to

(end date/leave blank if indefinite).

This authorization grants my representative the authority to perform all acts necessary and proper for exercising the powers stated above, including signing documents and making binding decisions on my behalf regarding the specified matters.

This authorization shall remain in effect until the above-mentioned end date or until I submit a written cancellation.

Principal's Signature:

Full Name:

Date:

Authorized Person's Signature:

Full Name:

Date: