

Third Party Authorization Form

This **Third Party Authorization Form** allows the account holder to authorize another individual (the "Authorized Representative") to access or manage the specified bank account(s) as detailed below. By signing this document, the account holder provides explicit permission for the actions noted.

Account Holder Information	
Name:	_____
Account Number(s):	_____
Address:	_____
Phone Number:	_____
Authorized Third Party Information	
Name of Authorized Representative:	_____
Relationship to Account Holder:	_____
Authorized Representative's Address:	_____
Authorized Representative's Phone Number:	_____
Authorization Details	
The Authorized Representative is hereby granted the following permissions (check all that apply):	
<input type="checkbox"/> Inquire about account balances and transactions	
<input type="checkbox"/> Deposit funds	
<input type="checkbox"/> Withdraw funds	
<input type="checkbox"/> Obtain bank statements	
<input type="checkbox"/> Modify contact information	
<input type="checkbox"/> Other (specify): _____	
Effective Date:	____/____/____
Expiration Date (if any):	____/____/____

Note: This authorization does **not** grant authority to close the account or make changes to account ownership.

Signatures	
Account Holder Signature: _____	Authorized Representative Signature: _____
Date: ____/____/____	Date: ____/____/____

Bank Use Only:

Processed by: _____ Date: ____/____/____

Employee ID: _____

Please submit the completed form along with valid identification of both parties at your nearest bank branch.