

Third Party Authorization Form

This **Third Party Authorization Form** allows the account holder to authorize another individual (â€œAuthorized Representativeâ€) 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.