

# Bank Account Representative Authorization Form

This form authorizes the designated representative to access and manage the bank account(s) listed below on behalf of the account holder. Please complete all required fields.

**Account Holder Name:**

**Account Number(s):**

**Contact Information:**

## Authorized Representative Details

**Representative Name:**

**Relationship to Account Holder:**

**Contact Information:**

## Authorization Scope (check all that apply):

View Balance/Transactions

Deposit Funds

Withdraw Funds

Manage Account (information update, etc.)

Other (specify):

**Authorization Start Date:**

**Authorization End Date (optional):**

## Additional Instructions or Notes:

## Signatures

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Officer/Witness (if required): \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach a copy of a valid government-issued ID for both Account Holder and Authorized Representative.  
For internal bank use only.*