

Third Party Authorization Form

This **Third Party Authorization Form** authorizes the named third party to act on behalf of the principal for specified purposes.

Principal Information

Name: _____
Address: _____
Phone: _____
Email: _____

Authorized Third Party Information

Name: _____
Address: _____
Phone: _____
Email: _____

Authorization Details

Purpose of Authorization: _____

Scope of Authorization: _____

Effective Dates: From _____ to _____

Signatures

Principal Signature: _____ Date: _____

Authorized Third Party Signature: _____ Date: _____

Notary Public Section

State of _____
County of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies).

Notary Public Signature: _____

My commission expires: _____

(Seal)