Signature Authorization Form

This **signature authorization form** sample is designed for financial institutions to securely verify and document the consent of account holders. It ensures compliance with regulatory requirements while providing clear authorization for transactions. Using this form helps maintain transparency and protects against unauthorized access.

Account Holder Information

Full Name:

Account Number:

Contact Number:

Email Address:

Authorization Details

Authorized Person's Name:

Relationship to Account Holder:

Authorized Transactions / Rights (please specify):

Declaration & Consent

I hereby authorize the above-named person to perform the specified transactions on my account with [Financial Institution Name]. I understand that this authorization is valid until written revocation is received and acknowledged by the institution.

Signatures

Account Holder's Signature:

_____

Date:

Authorized Person's Signature:

_____

Date:

[_____]

For Official Use Only

Received By (Employee Name):

[_____]

Date Received:

[_____]

Verification Notes:

[_____]

[Submit]