

Date: [Insert Date]

To: [Bank Name]

Branch Address: [Insert Branch Address]

City, State, Zip: [Insert City, State, Zip]

Subject: Letter of Authorization for Student Checking Account Establishment

To Whom It May Concern,

I, [Parent/Guardian Name], am the legal guardian of [Student Full Name], who is currently a student at [School/University Name]. I am writing to formally authorize the opening of a student checking account for [Student Full Name].

Student Information:

- Full Name: [Student Full Name]
- Date of Birth: [Student Date of Birth]
- Social Security Number / Tax ID: [Student ID Number]
- School ID Number: [Insert ID Number]

I understand that as a minor/dependent, I may be required to serve as a joint account holder or co-signer. I agree to provide the necessary identification and signatures required by [Bank Name] to complete the account establishment process.

Please find attached copies of my government-issued identification and the student's proof of enrollment for your records.

If you require any further information, please contact me at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Parent/Guardian Printed Name]

[Home Address]

[City, State, Zip]