

Date: [Insert Date]

To: [Financial Institution Name]

Address: [Bank Address]

City, State, Zip: [City, State, Zip Code]

Subject: Letter of Authorization for Initial High-Yield CD Funding

Dear [Name of Bank Representative or Department],

I, [Your Full Name], hereby authorize [Financial Institution Name] to initiate a one-time transfer of funds for the purpose of opening and funding a new High-Yield Certificate of Deposit (CD) account.

1. Funding Source Information:

Bank Name: [Source Bank Name]

Account Holder Name: [Name on Source Account]

Account Number: [Source Account Number]

Routing Number: [Source Routing Number]

Account Type: [Checking/Savings]

2. CD Account Details:

Transfer Amount: \$[Insert Amount]

CD Term: [e.g., 12 Months, 24 Months]

Agreed Interest Rate (APY): [Insert Rate]%

I authorize the transfer of the aforementioned amount to be processed on [Insert Date] or as soon as the CD account is established. I certify that I am an authorized signer on the funding account listed above.

Please contact me at [Your Phone Number] or [Your Email Address] if you require additional verification or documentation to complete this request.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Social Security Number or Tax ID - Optional/If Required]