

[Date]

[Audit Firm Name]  
[Audit Firm Address]  
[City, State, Zip Code]

**RE: Authorization to Disclose Information to Auditors**

To Whom It May Concern,

In connection with the audit of the financial statements of [Client Company Name] for the period ending [Date], we hereby authorize you to provide to our independent auditors, [Accounting Firm Name], all information they may request concerning our accounts and transactions.

This authorization includes, but is not limited to, the disclosure of:

- Account balances and statements.
- Details of loans, lines of credit, or contingent liabilities.
- Legal matters and outstanding claims.
- Contractual obligations and terms of agreement.

Please provide the requested information directly to [Accounting Firm Name] at the following address: [Auditor Address/Email].

This authorization shall remain in effect until the completion of the audit or until revoked by us in writing.

Sincerely,

[Authorized Signature]  
[Name of Signatory]  
[Title/Position]  
[Client Company Name]