

Date: [Date]

To: [Name of Financial Institution]

Address: [Street Address]

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

RE: Formal Revocation of Power of Attorney

Account Holder Name: [Your Full Name]

Account Number(s): [List Account Numbers]

To Whom It May Concern,

I, [Your Full Name], hereby give formal notice to [Name of Financial Institution] that I am revoking, rescinding, and terminating any and all Power of Attorney designations previously granted to [Name of Agent/Attorney-in-Fact].

Effective immediately, [Name of Agent/Attorney-in-Fact] no longer has the authority to act on my behalf, access my accounts, or conduct any financial transactions regarding the accounts listed above or any other assets held at your institution.

Please update your records immediately to reflect this revocation. I request that you stop honoring any documents or signatures presented by the aforementioned individual regarding my affairs.

Please provide written confirmation to my address below once this revocation has been processed in your system.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Mailing Address]

Notary Acknowledgement

State of _____

County of _____

Subscribed and sworn to before me this ____ day of _____, 20____.

(Notary Public Signature)
My Commission Expires: _____