

[Bank Name]
[Branch Address]
[City, State, Zip Code]
[Date]

RE: OFFICIAL AUTHORIZATION AND SIGNOFF

To Whom It May Concern,

This letter serves as official notification and authorization regarding [Account Name/Entity Name] for Account Number: [Last 4 Digits of Account Number].

The undersigned, acting as an authorized representative of [Bank Name], hereby confirms that [Name of Authorized Person/Department] has the authority to execute [Specific Action, e.g., Wire Transfers, Account Closures, Document Signing] on behalf of the bank.

This authorization is valid from [Start Date] until [End Date/Further Notice]. Any actions taken under this signoff are subject to the terms and conditions of the Master Service Agreement held with this institution.

Should you require further verification, please contact our compliance department at [Phone Number] or [Email Address].

Sincerely,

[Authorized Signature]

[Name of Signatory]
[Title/Position]
[Employee ID Number]
[Bank Stamp/Seal Space]