## Letter of Authorization

Date:
To The Regional Municipality of Durham,
l, (Your Full Name), hereby authorize
(Authorized Person's Full Name)
to act on my behalf regarding all matters related to my account. This includes, but is not limited to, making inquiries, accessing information, and conducting transactions as necessary.
The details of the account are as follows:
Account Holder Name: Account Number:
This authorization shall remain in effect until I provide notice of termination.
f you have any questions regarding this authorization, please contact me at:
(Your Contact Information).
Sincerely,
(Your Signature)

(Your Full Name)