

Bank Account Authorization Form

I, _____, residing at _____,
in the city of _____ in _____
County, in the state of _____, do hereby swear and depose as to the following
information:

That I am the sole account holder of account number _____ at _____
Bank. While I am _____, I am granting
temporary account access to my _____, _____.

I would like to grant _____ the power to make deposits of any amount
to the account. He/she may also make withdrawals, transfers, purchase orders, or money checks
up to \$_____ in a _____-month period. I have a safety deposit box, number
_____, which I do not permit access to.

This temporary authorization shall begin on _____ and end on _____
unless I notify you otherwise. I may be contacted at _____ for further
information.

Signature and date

Witness

Address _____

City, state, ZIP _____