

BANK ACCESS AUTHORIZATION LETTER

Date: _____

To: Habitat for Humanity of Tampa Bay Hillsborough

Re: **Account Access Authorization**

I, _____, am a co-holder of the following account:

Bank / Institution Name: _____

Account Number: _____

Other Account Holder(s): _____

I hereby authorize _____ to always have full access to this account, 24 hours a day, 7 days a week, for purposes of viewing account information, statements, and balances.

This authorization does grant the right to withdraw, transfer, or deposit funds.

If you require any clarification, please contact me directly at: (____) _____.

Account Holder Information / Authorized Person Information:

Name: _____

Signature: _____

Date: _____

If additional

Name: _____

Signature: _____

Date: _____