

# **Certificate of Authorization for Financial Transactions**

**Company/Organization Name:**

**Name of Authorized Person:**

**Details of Authorized Transaction(s):**

**Valid From (Date):**

**Valid To (Date):**

**Issued By (Name and Position):**

**Date of Issue:**

**Signature:**

This certificate grants the above individual authorization to conduct the specified financial transactions on behalf of the named entity within the period indicated.