

# FBAR Signature Authorization

I hereby authorize the individual named below to sign the FBAR (FinCEN Form 114) on my behalf, with respect to the reporting of foreign bank and financial accounts.

## Taxpayer Information

Full Name:

Social Security Number (SSN):

Address:

## Authorized Representative

Name:

Relationship/Title:

## Signature

Signature of Taxpayer:

Date:

This authorization remains in effect until written revocation is provided by the taxpayer.