

# Trust Authorization Statement

I, , hereby authorize  to act on behalf of the Trust known as  under the following terms and conditions:

- 1. The authorization is valid from  to .
- 2. The authorized person may perform the following actions on behalf of the Trust:
- 3. This authorization may be revoked in writing at any time by the undersigned.

Signed on this  day of , .

Trustee Signature: \_\_\_\_\_

Authorized Person Signature: \_\_\_\_\_