

DESIGNATION OF AUTHORIZED REPRESENTATIVE

This Designation of Authorized Representative ("Designation") is made and entered into on this _____ day of _____, 20____.

I. AUTHORIZING PARTY INFORMATION

The undersigned, as the Authorizing Party, hereby designates the individual or entity specified in Section II below as its authorized representative.

Authorizing Party Name: _____
Title (if applicable): _____
Organization (if applicable): _____
Street Address: _____
Unit Number (if applicable): _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____
Email Address: _____

II. AUTHORIZED REPRESENTATIVE INFORMATION

The following individual or entity is hereby designated as the Authorized Representative:

Authorized Representative Name: _____
Title (if applicable): _____
Organization (if applicable): _____
Street Address: _____
Unit Number (if applicable): _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____
Email Address: _____

III. SCOPE OF AUTHORITY

The Authorized Party is hereby granted permission to access information, perform certain actions, and/or make decisions on behalf of the Authorizing Party, strictly within the boundaries and responsibilities outlined below. This authorization is limited to the following specific actions, information, or decisions:

This authorization specifically includes, but is not limited to, the ability to:

- Access and review records pertaining to: _____
- Communicate with third parties regarding: _____
- Execute documents or agreements related to: _____
- Make financial decisions concerning: _____
- Represent the Authorizing Party in matters related to: _____
- Other specific actions (describe): _____

This authorization does NOT include the ability to:

IV. EFFECTIVE DATE AND DURATION

This Designation shall become effective on the _____ day of _____, 20_____.

This Designation shall remain in full force and effect until: The completion of the specific task(s) outlined in Section III.

- The _____ day of _____, 20_____.
- Revoked by the Authorizing Party in writing.

V. REVOCATION

The Authorizing Party reserves the right to revoke this Designation at any time, for any reason, by providing written notice to the Authorized Representative. Such revocation shall be effective immediately upon receipt of the written notice by the Authorized Representative, or at a later date specified in the notice. Any actions taken by the Authorized Representative in good faith prior to receipt of the revocation notice shall remain valid and binding upon the Authorizing Party.

VI. INDEMNIFICATION

The Authorizing Party agrees to indemnify and hold harmless the Authorized Representative from and against any and all claims, liabilities, losses, damages, and expenses (including reasonable attorneys' fees) arising out of or in connection with the Authorized Representative's good faith performance of the duties and exercise of the authority granted herein, except in cases of the Authorized Representative's gross negligence or willful misconduct.

VII. GOVERNING LAW

This Designation shall be governed by and construed in accordance with the laws of the State of _____, without regard to its conflict of laws principles.

AUTHORIZING PARTY

Signature: _____

Print Name: _____

Date: _____ day of _____, 20_____

Address: _____

AUTHORIZED REPRESENTATIVE

By signing below, the Authorized Representative acknowledges receipt of this Designation, understands the scope of authority granted, and agrees to act in accordance with the terms and conditions set forth herein.

Signature: _____

Print Name: _____

Date: _____ day of _____, 20_____

Address: _____