

## PERMISSION FOR OTHERS TO ACCESS BANK ACCOUNTS AND PAY BILLS

I, \_\_\_\_\_, give my permission to \_\_\_\_\_ to allow them to access information regarding the following bank or credit union account(s). List Name(s) of the Bank and/or Credit Union, Account Number(s), any passwords necessary to access the account(s) and a phone number for each bank and/or Credit Union. Attach either completed *Living Smart Form No. 05, List of All Bank Accounts, under Finance* or a separate print out of accounts to be included in this Permission.

Please initial and date EACH page of any attachment the same date as you date this Permission;

**OR**

List the Bank and Credit Union accounts below to be included in this Permission. Provide the name of each bank or credit union, the account number, telephone number, and the name of a contact person at the bank or credit union, if any:

1. Bank/Credit Union Account:

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2. Bank/Credit Union Account:

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3. Bank/Credit Union Account:

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4. Bank/Credit Union Account:

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5. Bank/Credit Union Account:

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I request that the banks and credit unions holding the above listed accounts discuss these accounts freely with \_\_\_\_\_ [name of person receiving permission] and allow them to undertake all actions specified below. I release all institutions who cooperate with this Permission for Others to Access Bank Accounts and Pay Bills and hold them harmless from any possible liability.

Under the following circumstances (Place you initials next to the selection that applies) I also give permission to \_\_\_\_\_ (name of person receiving permission) to become a signatory and write checks on the accounts listed below under the following circumstance:

- ☐ NEVER  
☐ NEVER, but please call my creditors, tell them of my circumstances and ask for their patience  
☐ Immediately upon the date below  
☐ only upon receipt of a written statement from my physician that I am currently incapacitated due to illness or injury or some other source and am unable to oversee my finances.  
☐ from \_\_\_\_\_ [beginning date] to \_\_\_\_\_  
[ending date]

The Permitted Person named above may write checks on the accounts listed below:

Account 1 (provide bank or credit union name & account no): \_\_\_\_\_  
Account 2 (provide bank or credit union name & account no): \_\_\_\_\_  
Account 3 (provide bank or credit union name & account no): \_\_\_\_\_

The Permitted Person may write checks from the above listed accounts for the following reasons only, place your initials next to all that apply:

- ☐ mortgage or rent payment  
☐ vehicle payment(s)  
☐ health insurance payments  
☐ auto insurance premiums  
☐ credit card bills  
☐ utilities  
☐ Pay the following bills/debts as well:

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**OR**

☐ pay any and all bills, loans, or other payments the Permitted Person chooses.

This Permission is being given on the \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Signature of Person Giving Permission (wait to sign in front of a notary)

\_\_\_\_\_  
Printed Name of Person Giving Permission

Although The Following Notarization May Not Be Required By Your Bank Or Other Financial Institutions, It's Better To Be Prepared In Case It Is.

STATE, COMMONWEALTH OR DISTRICT OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_  
\_\_\_\_\_, I, a Notary Public in and for the above county in said state, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing document, who is either known to me or has satisfactorily proven their identity to me, acknowledged before me on the date indicated below that, being informed of the contents of said document, executed the same voluntarily on the below date.

Given under my hand and official seal of office this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public (Print Then Sign Name Above)  
My Commission Expires:  
(NOTARIAL SEAL)

## **WITHDRAWAL OF PERMISSION FOR OTHERS TO ACCESS BANK ACCOUNTS AND PAY BILLS**

If you no longer want the person or people listed in the above Permission to undertake the activities specified, just sign and date below and the Permission will no longer be valid as of that date. Once you have completed this form, create a new Permission if appropriate.

If you have given copies of the Permission being withdrawn to others, please ask them to return their copy to you and provide them with a copy of this Withdrawal and a new Permission if appropriate.

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Signature of Person Withdrawing Permission

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Printed Name of Person Withdrawing Permission

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Date Permission is Withdrawn