POSTAL & REGISTERED MAIL PICKUP AUTHORIZATION

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Mail Recipient
Individual

Full Legal Name

SSN / ID

Doc Series

Address

In favor of:

Authorized Person
Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Post Office / Pickup Location

Mail Items Covered (Letters, Parcels, Registered Mail)

Authorization Valid From / Until

3. EXECUTION & SIGNATURES

Mail Recipient

Signature

_____

Full Legal Name

_____

Date

_____