



Financing Businesses. Strengthening Communities.

THIRD PARTY AUTHORIZATION FORM

Business Owner Name: \_\_\_\_\_ Legal Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Owner Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Authorized Party Name: \_\_\_\_\_

Authorized Party Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Authorized Party Email Address: \_\_\_\_\_

Fee paid to Authorized Party, if applicable: \$\_\_\_\_\_ (or) \_\_\_\_\_%

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Pathway Lending  
201 Venture Circle  
Nashville, TN 37228  
615-425-7171 | [nashville@pathwaylending.org](mailto:nashville@pathwaylending.org)

Re: Letter of Authorization to Act on Behalf of \_\_\_\_\_ (Business Owner)

Dear Pathway Lending:

Pursuant to Tennessee Financial Records Privacy Act, Tennessee Code Annotated § 45-10-101, et seq., I, \_\_\_\_\_ (Business Owner), hereby give \_\_\_\_\_ (Authorized Party), and it's members, authorization to act on my behalf in assembling documentation and financial data, assisting in completing applications and forms and handling all communication, whether via email or phone, associated with processing our Nashville Small Business Recovery Fund Grant application through Pathway Lending. The scope of this letter of authorization to act on my behalf includes all dealings with said Nashville Small Business Recovery Fund Grant. I further acknowledge that \_\_\_\_\_ (Authorized Party), and/or its members, may have directly acted on my behalf by preparing and submitting the application and supporting documentation associated with the Nashville Small Business Recovery Fund Grant request.

Sincerely,

Business Owner Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized Party Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_