

Affidavit of Document Signing Authorization

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, residing at **[Your Address]**, do hereby declare and affirm the following:

1. I am the **[Your Relationship to the Entity, e.g., "CEO", "Manager"]** of **[Company/Organization Name]**.
2. I am duly authorized to execute this Affidavit on behalf of **[Company/Organization Name]**.
3. I hereby grant **[Authorized Signer's Full Name]**, having ID number **[ID Number]**, the authority to sign documents on behalf of **[Company/Organization Name]** relating to **[Specific Purpose of Authorization]**.
4. This authorization is effective as of **[Effective Date]** and will remain in effect until revoked in writing.
5. I hereby affirm that all information provided herein is true and correct to the best of my knowledge.

Executed this ____ day of _____, 2023.

[Your Full Name]
[Your Position]
[Company/Organization Name]

[Authorized Signer's Full Name]
Signature