

# Service Migration Authorization

Date: [Insert Date]

To,

[Recipient Name]

[Recipient Position]

[Company Name]

[Company Address]

Subject: Authorization for Service Migration

Dear [Recipient Name],

We hereby authorize the migration of our services from [Current Service Provider] to [New Service Provider], effective [Date of Migration]. This decision has been made in accordance with our ongoing efforts to improve operational efficiency and service delivery.

Please find the necessary details for your reference:

- Current Service Provider: [Current Service Provider]
- New Service Provider: [New Service Provider]
- Date of Migration: [Date of Migration]
- Authorized By: [Your Name]
- Position: [Your Position]

We appreciate your cooperation in ensuring a smooth transition process. Should you require any further information or clarification, please do not hesitate to contact us.

Thank you for your support.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]