

Third-Party Service Authorization for Data Processing

From:

[Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

Date: [Date]

To:

[Third-Party Service Provider Name]
[Provider Address]
[City, State, Zip Code]

Dear [Third-Party Provider Contact Name],

We hereby authorize [Third-Party Service Provider Name] to act on our behalf in relation to the processing of data as outlined in our agreement. This authorization includes the authority to collect, store, and manage data as necessary to perform the services agreed upon.

Please ensure that all data processing activities comply with applicable laws and regulations, including [specify any relevant laws, e.g., GDPR, CCPA], and that the necessary measures are taken to protect the data's confidentiality and integrity.

This authorization is valid from [Start Date] to [End Date]. If you have any questions, please feel free to contact us.

Sincerely,

[Your Name]
[Your Position]
[Your Company Name]