

Authorization Letter for Collection Agency Intervention

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Collection Agency Name]

[Agency Address]

[City, State, Zip Code]

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Collection Agency Name] to act on my behalf in all matters related to the collection of my outstanding debt with [Creditor's Name]. This authorization grants the agency the right to pursue collection efforts regarding the amount owed, and to communicate with me regarding the status of my account.

Details of the Account:

Account Number: [Insert Account Number]

Amount Owed: [Insert Amount]

Creditor Name: [Insert Creditor Name]

This authorization is effective as of [Insert Date] and will remain in effect until the outstanding debt is resolved or I revoke the authorization in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]