

# Collateral Release Delegation Letter

Date: [Insert Date]

To: [Insert Recipient's Name]

Company: [Insert Company Name]

Address: [Insert Address]

City, State, ZIP: [Insert City, State, ZIP]

Dear [Recipient's Name],

Subject: Delegation of Collateral Release

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf regarding the release of collateral associated with account/reference number [Insert Account/Reference Number]. This delegation is effective as of [Insert Date] and will remain in effect until [End Date] or until terminated in writing.

[Authorized Person's Name] is authorized to:

- Review all necessary documentation related to the collateral.
- Sign any required documents for the release of collateral.
- Receive and manage any correspondence regarding the collateral release.

Please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address] should you have any questions or require further verification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Company Name]

[Your Address]

[Your City, State, ZIP]

[Your Phone Number]

[Your Email Address]