

Authorization for Debt Collection Agent

Date: _____

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Agent's Name] of [Agency's Name], located at [Agency's Address], to act on my behalf in matters concerning the collection of debts owed to me.

This authorization grants [Agent's Name] the right to contact the debtor(s) on my behalf, receive payments, and take necessary actions to recover the debts as deemed appropriate.

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]