

Debt Recovery Representation Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Representative's Name] of [Company/Agency Name] to act on my behalf regarding the recovery of my debt with [Creditor's Name] under account number [Account Number].

This authorization grants [Representative's Name] the authority to communicate with the creditor, obtain information regarding my account, and negotiate on my behalf.

This authorization is effective immediately and will remain in effect until I provide written notice of its termination.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]