

Formal Authorization for Debt Recovery Services

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Debt Recovery Company Name] to act on my behalf in the pursuit of debt recovery from [Debtor's Name] for the amount of [Amount Owed]. This authorization includes the right to contact the debtor, negotiate payment arrangements, and take necessary actions to recover the owed amount.

This authorization is effective immediately and remains in effect until the debt is fully recovered or until I provide written notice to terminate this authorization.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or documentation.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]