

Attorney Authorization for Debt Collection Dispute

Date: [Insert Date]

From:

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

To:

[Debt Collector's Name]
[Debt Collection Agency's Name]
[Agency Address]
[City, State, Zip Code]

Subject: Attorney Authorization for Debt Collection Dispute

Dear [Debt Collector's Name],

I, [Your Name], hereby authorize my attorney, [Attorney's Name], to act on my behalf regarding the dispute with account number [Account Number] related to [Debt Description]. This authorization includes, but is not limited to, negotiating settlements, providing information, and receiving communications regarding the debt in question.

If you have any questions regarding this authorization, please contact my attorney at:

[Attorney's Name]
[Attorney's Firm Name]
[Attorney's Address]
[City, State, Zip Code]
[Attorney's Email Address]
[Attorney's Phone Number]

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]