

# Signature Authority Revocation Letter

Date: [Insert Date]

To: [Employee's Name]

Position: [Employee's Position]

Department: [Employee's Department]

Address: [Employee's Address]

Dear [Employee's Name],

We are writing to formally notify you that your signature authority is hereby revoked, effective immediately, due to [reason for revocation, e.g., changes in your employment status, departmental restructuring, etc.].

Please note that your access to any accounts, documents, or other items requiring signature authority will be terminated as of the aforementioned date.

If you have any questions or require further clarification regarding this matter, please do not hesitate to reach out to [Contact Person's Name] at [Contact Person's Phone/Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]