

# Authorization Letter for Debt Management Strategies

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Financial Adviser's Name] of [Adviser's Company Name] to act on my behalf in regards to debt management strategies related to my financial matters.

This authorization includes, but is not limited to, the following:

- Reviewing my financial status and debt obligations.
- Communicating with creditors on my behalf.
- Accessing my financial information as necessary to propose effective debt management solutions.

This authorization is valid until I revoke it in writing. I understand that I may withdraw this authorization at any time.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]