

[Your Company Letterhead]

[Date]

[Recipient Name]

[Recipient Title]

[Recipient Company]

[Recipient Address]

[City, State, Zip Code]

Subject: Authorized Signatory Verification

Dear [Recipient Name],

We hereby verify that the following individual is an authorized signatory for [Your Company Name]:

****Name:**** [Authorized Signatory Name]

****Position:**** [Authorized Signatory Position]

****Signature:**** [Include a sample signature or attach a signed document]

This authorization is effective as of [Effective Date] and remains in effect until revoked in writing by [Your Company Name].

Please feel free to contact us at [Your Phone Number] or [Your Email Address] if you require further verification or have any inquiries.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Company Seal or Notary Public, if applicable]