

[Your Company Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Company]

[Recipient's Address]

[City, State, Zip Code]

Subject: Authority Letter for MMD Transactions

Dear [Recipient's Name],

This letter serves to formally authorize [Authorized Person's Name], holding the position of [Authorized Person's Title], to act on behalf of [Your Company Name] in all matters related to the MMD transactions.

[Authorized Person's Name] is permitted to sign, review, and process any documents necessary to facilitate these transactions. This authorization is valid from [Start Date] to [End Date] unless revoked by us in writing prior to the stated end date.

Should you require any further information or verification regarding this authorization, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Company Seal/Signature if applicable]