

****MMD Signature Authority Document****

****[Company/Organization Name]****
****[Address]****
****[City, State, Zip Code]****
****[Phone Number]****
****[Email Address]****
****Date:**** [Insert Date]
****Subject:**** Signature Authority Document

****1. Purpose****
This document serves to affirm the individuals authorized to sign on behalf of [Company/Organization Name].
****2. Authorized Signatories****
- ****Name:**** [Full Name]
 ****Title:**** [Position/Title]
 ****Signature:**** _____
 ****Date:**** [Insert Date]
- ****Name:**** [Full Name]
 ****Title:**** [Position/Title]
 ****Signature:**** _____
 ****Date:**** [Insert Date]
****3. Limitations of Authority****
[Specify any limitations regarding the signing authority, if applicable.]
****4. Duration of Authority****
This authority shall remain in effect until [Specify an end date or conditions for revocation].
****5. Company Seal****
[If applicable, include space for the company seal here.]

****Authorized By:****
****[Name]****
****[Title/Position]****
****[Company/Organization Name]****
****Signature:**** _____
****Date:**** [Insert Date]

****Note:**** Please retain a copy of this document for your records.