

[Your Name]
[Your Position]
[Your Company/Organization]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Position]
[Recipient Company/Organization]
[Address]
[City, State, Zip Code]

Subject: MMD Signature Authority Letter

Dear [Recipient Name],

I, [Your Name], holding the position of [Your Position] at [Your Company/Organization], hereby authorize [Authorized Person's Name], holding the position of [Authorized Person's Position], to act on behalf of [Your Company/Organization] concerning all matters related to [specific matters or projects, if applicable].

This authorization includes the ability to sign documents and perform any necessary actions associated with [specific tasks or responsibilities].

This authority is effective from [Start Date] and will remain in effect until [End Date or "until revoked in writing"].

Please find attached any relevant identification or documentation supporting this authorization.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Position]

[Your Company/Organization]

[Attachment: Identification/Documentation, if applicable]