

[Your Company Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Company]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Authorized Signatory Confirmation

We hereby confirm that [Name of Authorized Signatory], holding the position of [Position], is authorized to sign documents on behalf of [Company Name]. This authorization is effective as of [Effective Date] and will remain in effect until further notice.

Should you have any questions regarding this authorization, please feel free to contact us.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]

[Company Seal (if applicable)]