DATE: [Insert Date]

TO: [Recipient Name/Organization]
[Recipient Address]
[City, State, Zip Code]

RE: Authorization of Collections Officer Signature

To Whom It May Concern,

This letter serves as official notification and verification that **[Name of Officer]** holds the position of **[Official Job Title]** at **[Company Name]**.

In this capacity, [Name of Officer] is duly authorized to sign documents, execute agreements, and issue formal demands related to the collection of outstanding debts and accounts receivable on behalf of the company.

A specimen of the authorized signature appears below:

_____

[Name of Officer]
Authorized Collections Officer

This authorization remains in effect until [Date] or until written notice of revocation is provided by the undersigned.

Sincerely,

[Your Signature]

[Your Name]
[Your Title, e.g., Director of Finance/CEO]
[Company Name]