

[Organization Letterhead]

[Date]

[Recipient Name/Institution Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Confirmation of Authorized Signatory

To Whom It May Concern,

This letter serves to officially confirm that the individual(s) listed below is/are duly authorized to act as signatories on behalf of **[Name of Non-Profit Organization]**, a registered non-profit entity under **[Registration Number/Tax ID]**.

The following person(s) holds the authority to sign legal documents, contracts, and financial instruments as per the resolution passed by the Board of Directors on **[Date of Board Meeting]**:

Authorized Signatory 1:

Full Name: [Full Legal Name]

Title/Position: [e.g., Executive Director/President]

Specimen Signature: _____

Authorized Signatory 2 (If applicable):

Full Name: [Full Legal Name]

Title/Position: [e.g., Treasurer/Secretary]

Specimen Signature: _____

This authorization remains in full force and effect until **[Expiration Date or "Further Notice"]**. Please contact us at **[Phone Number]** or **[Email Address]** should you require any further verification.

Sincerely,

[Signature]

[Name of Board Member/Secretary]

[Title]

[Name of Organization]

[Official Organization Seal/Stamp]