

OFFICIAL SIGNATURE OF THE AUTHORIZED COLLECTION REPRESENTATIVE

Date: [Insert Date]

To whom it may concern,

This document serves to verify and record the official signature of the Authorized Representative appointed to manage and collect payments on behalf of [Company Name].

Representative Information:

Full Name: [Name of Representative]

Employee/ID Number: [ID Number]

Position Title: [Job Title]

Official Signature Specimen:

Authorization Details:

The individual named above is authorized to execute collection receipts, sign settlement agreements, and accept payments under the authority of [Company Name]. This authorization is valid from [Start Date] until [End Date/Revocation].

Certified By:

Signature: _____

Name: [Name of Manager/Executive]

Title: [Title of Manager/Executive]

Company Stamp/Seal: