

Date: [Date]

To: [Creditor or Institution Name]

Address: [Institution Address]

Account Number: [Your Account Number]

Subject: Third-Party Authorization and Negotiation Letter

To Whom It May Concern,

I, [Your Full Name], hereby authorize the following individual or organization to act as my authorized representative regarding the above-referenced account:

Authorized Representative Name: [Name of Person or Agency]

Company Name (if applicable): [Company Name]

Phone Number: [Representative Phone Number]

Email Address: [Representative Email Address]

I grant the authorized representative full authority to perform the following actions on my behalf:

- Inquire about account balances, payment history, and terms.
- Negotiate settlements, payment plans, or interest rate reductions.
- Receive and provide documentation necessary for the resolution of this account.
- Execute agreements related to the modification or settlement of this debt.

This authorization is valid from [Start Date] until [End Date or "further notice"]. I understand that any agreements made by my representative will be binding upon me.

Please direct all future correspondence and communication regarding this negotiation to my representative. However, I reserve the right to revoke this authorization at any time by providing written notice to your institution.

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Date of Birth or Last 4 digits of SSN for verification]