

**Date:** [Date]

**To:** [Name of Institution/Company]

**Department:** [Department Name]

**Address:** [Full Address of Institution]

**Subject: Authorization for Third-Party Representation**

To Whom It May Concern,

I, [Your Full Name], currently residing at [Your Address], hereby authorize [Name of Negotiator/Company] to act as my authorized representative and negotiator regarding my account/claim number: [Account or Claim Number].

I grant [Name of Negotiator/Company] full authority to perform the following actions on my behalf:

- Communicate with your institution via phone, email, or mail.
- Request and receive financial statements, account history, and sensitive documentation.
- Negotiate terms, settlements, or payment plans.
- Execute agreements related to the resolution of this matter.

This authorization is valid from [Start Date] until [End Date or "further notice"]. I understand that any agreements made by my representative within the scope of this letter will be binding.

Please direct all future correspondence regarding this matter to my representative at the following contact information:

**Representative Name:** [Name]

**Phone Number:** [Phone Number]

**Email Address:** [Email Address]

Thank you for your cooperation.

Sincerely,

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[Your Printed Name]

[Your Phone Number]