

Authorized Signatory Designation

Date:

To Whom It May Concern,

This letter is to formally designate and authorize the following individual as the authorized signatory for our organization:

Full Name	<input type="text"/>
Position/Title	<input type="text"/>
Department	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

The above-named individual is authorized to sign and execute all relevant documents on behalf of our organization, effective immediately, until further notice.

Authorized by:

Name	<input type="text"/>
Position/Title	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Sincerely,

(Name & Position)