

Recovery Agent Authorization Letter

David Smith
101 Pine Street
Atlanta, GA 30303
December 20, 2024

XYZ Bank
567 Financial Drive
Atlanta, GA 30309

Subject: Authorization to Act as Recovery Agent

Dear Sir/Madam,

I, David Smith, hereby authorize James Brown to act as my authorized recovery agent for the purpose of recovering outstanding debts owed to [Your Name or Business Name].

Details of the authorized agent are as follows:

- Name: James Brown
- Address: 205 Commerce Street, Atlanta, GA 30307
- Contact Number: (404) 987-6543
- ID Proof: Driver's License #D456789012

James Brown is authorized to negotiate with debtors, collect payments, and issue receipts on my behalf. This authorization is valid from December 20, 2024, to December 31, 2025, unless revoked earlier in writing.

I confirm that I take full responsibility for all actions undertaken by the authorized agent within the scope of this authorization.

For any further clarification, please contact me at (404) 876-1234 or david.smith@example.com.

Thank you for your attention to this matter.

Sincerely,

David Smith

(Signature)

Enclosures:

1. Copy of David Smith's ID Proof
2. Copy of James Brown's ID Proof
3. Supporting documents (if applicable)