* 被保険者のレターヘッドの入った用紙を使用して下さい。

[Date]

[Debtor]

[Debtor’s Address]

**Authorization Letter**

Dear Sirs,

 We, [Insured], located at [Insured’s Address], Japan hereby authorize and appoint [Debt Collection Agency] as our agent and the primary debt collector regarding the Outstanding Debt which are listed in the Attachment.

 Accordingly, we hereby inform you that [Debt Collection Agency] will directly make any further correspondence and contact with you with respect to the above Outstanding Debt, and we hereby instruct you to make any further payments in relation to the above Outstanding Debt to the bank account of [insured], following instruction by [Debt Collection Agency].

Truly yours,

 [Claimant]

 Name: