AUTHORIZATION LETTER

Date : _____

CSSDO EMPLOYEES MULTIPURPOSE COOPERATIVE

Davao City

To Whom It May Concern:

I, _____, hereby authorize _____ to collect my check from CSSDO Employees Multipurpose Cooperative on my behalf. I also authorize him/her to sign any and all necessary documents required for the release of said check.

Please allow him/her to act in my stead for this transaction. I am unable to personally claim the check due to _____.

Authorized Representative Identification details for verification:

Name: _____

ID Type & Number: _____

Contact Number: _____

Attached herewith is the copy of valid IDs for your reference.

Thank you for your assistance on this matter.

Sincerely,

“YOUR FULL NAME “