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| **Authority Letter**  Act for Bank Account |

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| To[Receiver Name][Receiver Title][Addess][Email] |
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| From[Sender Name][Sender Title][Addess][Email] |

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| Dear Mr.CrisI [name], hereby declare that (recipient) my sister is authorized to use the bank account for as long as I am in the hospital.Due to heart disease, I was shifted to ICU and am unable to carry on day-to-day tasks.I appreciate the help of the bank in cooperating with the family to deal with the situation. The account, not registered under [name], has [Amount] in itI opened account no. five years back and is a savings account.All the needed documents and identity proofs are attached with the mail. Yours Sincerely[Name] |

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