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| |  | | --- | | **Authority Letter**  Act for Bank Account |  |  | | --- | | To  [Receiver Name]  [Receiver Title]  [Addess]  [Email] | |  | | From  [Sender Name]  [Sender Title]  [Addess]  [Email] | | |  | | --- | |  | |  | | Dear Mr.Cris  I [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 it  I 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] | |