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| |  | | --- | | **AUTHORITY LETTER**  Act on My Behalf |  |  | | --- | | To  [Receiver Name]  [Receiver Title]  [Addess]  [Email] | |  | | From  [Sender Name]  [Sender Title]  [Addess]  [Email] | | |  | | --- | |  | |  | | **Subject:** Authorization Letter to Act on My Behalf  Dear Ms. Thompson,  I hope this letter finds you in good health. I am writing to formally authorize Mr. David Anderson to act on my behalf in matters related to legal and financial transactions.  Due to my scheduled medical treatment from September 1, 2023, to September 15, 2023, I am unable to personally attend to legal and financial matters during this period. Therefore, I have chosen to grant Mr. David Anderson the authority to act on my behalf.  Please be informed that Mr. David Anderson has my complete trust and confidence to make decisions on my behalf within the authorized scope. He is fully aware of my preferences and priorities and is committed to acting in my best interests.  The specific actions and decisions Mr. David Anderson is authorized to make on my behalf include, but are not limited to:  - Signing any necessary legal documents on my behalf  - Managing and conducting financial transactions related to my accounts  I kindly request you to extend your cooperation and provide Mr. David Anderson with any necessary information, assistance, and support he may require to carry out his duties effectively.  This authorization is valid only for the specified period mentioned above and shall automatically expire on September 15, 2023. If there are any changes to this arrangement, I will promptly inform you in writing.  Please do not hesitate to contact me via email at your.email@example.com or by phone at (123) 456-7890 if you require any clarification or confirmation regarding this authorization.  Thank you for your understanding and assistance in this matter.  Sincerely,  John Smith  Enclosure: Copy of medical treatment appointment confirmation  CC: Mr. David Anderson, Finance Department | |