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| **Authority Letter** | [Email] |
| Handling Financial Matters | [Address] |
|  | [Phone] |

**Subject:** Authorization Letter for Handling Financial Matters

To Whom It May Concern,

I am writing this letter to inform you that I, [Your Name], an account holder with account number [Your Account Number], am currently dealing with a medical condition that restricts my ability to visit the bank in person. As an elderly individual, my health condition has made it challenging for me to manage my financial matters effectively.

Considering these circumstances, I hereby authorize my[Family Member's Name], [Relationship with Family Member], to act on my behalf and handle all financial transactions related to my account at [Bank Name], including but not limited to withdrawals, deposits, fund transfers, account inquiries, and any other necessary actions. My family member's identification documents are enclosed with this letter for your reference and verification.

This authorization is valid from [Start Date] to [End Date], or until further notice. I trust that my family members will act in my best interest and adhere to all banking policies and procedures during the period of this authorization.

I kindly request the bank to provide my family members with any necessary assistance and information they may require ensuring the smooth handling of my financial affairs. I understand that my family members will be required to provide proper identification when conducting transactions on my behalf.

I appreciate your understanding and cooperation in this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any additional information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

**Enclosures:**

* Copy of my identification (ID card, passport, etc.)
* Copy of my family member's identification (ID card, passport, etc.)