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| **Authority Letter** | [Email] |
| Process Documents on Behalf | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

To Whom It May Concern,

I, [Your Full Name], am writing this letter to formally authorize [Caregiver's Full Name], my designated caregiver, to operate and manage my bank account with account number [Your Account Number] at [Bank Name].

Due to my advanced age and health considerations, I have decided to seek assistance in managing my financial affairs and ensuring that my bills are paid on time. [Caregiver's Full Name] has been providing me with dedicated care and support, and I trust them completely to handle my financial matters responsibly.

**This authorization includes, but is not limited to:**

* Depositing funds into my account on my behalf.
* Withdrawing funds from my account as needed for necessary expenses.
* Transferring funds between accounts, if required.
* Managing online banking services and bill payments.
* Accessing account statements and related financial information.

I understand that by granting this authorization, I am providing [Caregiver's Full Name] with the necessary rights to act on my behalf regarding matters related to my bank account. I will hold [Caregiver's Full Name] responsible for their actions in managing my account and trust that they will act in my best interest.

This authorization is effective from [Start Date] and will remain in effect until further notice or until I can manage my account independently.

I kindly request your cooperation and support in facilitating this arrangement. Please provide [Caregiver's Full Name] with any necessary information or access they may require performing their duties effectively.

I appreciate your understanding and assistance in this matter. If you have any questions or require additional information, please feel free to contact me at [Your Phone Number]or [Your Email Address].

Thank you for your prompt attention to this request.

Sincerely,

[Your Full Name]

[Your Signature - If sending a physical letter]

**Enclosures:**

* Copy of[Caregiver's Full Name]'s identification (Driver's License/Passport)
* Copy of my identification (Driver's License/Passport)
* Copy of the caregiver agreement or contract (if applicable)