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

TO [Receiver Name] [Receiver Title]

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

To Whom It May Concern,

I am writing this letter to inform you that I, Jane Doe, an account holder with account number 987654321, 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.

In light of these circumstances, I hereby authorize my daughter, Emily Doe, to act on my behalf and handle all financial transactions related to my account at Sunset Bank, including but not limited to withdrawals, deposits, fund transfers, account inquiries, and any other necessary actions. My daughter's identification documents are enclosed with this letter for your reference and verification.

This authorization is valid from August 10, 20XX, to December 31, 20XX, or until further notice. I trust that my daughter 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 daughter with any necessary assistance and information she may require to ensure the smooth handling of my financial affairs. I understand that my daughter 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 (555) 123-4567 or jane.doe@email.com if you need any additional information or clarification.

Thank you for your attention to this matter.

Sincerely,

Jane Doe

**Enclosures:**

* Copy of Jane Doe's Driver's License
* Copy of Emily Doe's Passport