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| |  | | --- | | **Authority Letter** Process Documents on Behalf |  |  | | --- | | To  [Receiver Name]  [Receiver Title]  [Addess]  [Email] | |  | | From  [Sender Name]  [Sender Title]  [Addess]  [Email] | | |  | | --- | |  | |  | | To Whom It May Concern,  I, John Smith, am writing this letter to inform Meadowvale Community Bank that due to my current medical condition, I am unable to personally manage and operate my bank account, Account Number: 9876543210. As a result, I am authorizing my daughter, Lisa Smith, who is also my legal representative, to act on my behalf and manage all aspects of my bank account.  I kindly request that Lisa Smith be granted the authority to perform the following actions on my bank account:   * Make deposits and withdrawals * Initiate fund transfers and payments * Inquire about the account balance and transaction history * Update account information * Perform any other actions necessary to ensure the smooth operation of the account   I understand that by granting this authorization, I am allowing Lisa Smith to have full access and control over my bank account. I trust Lisa Smith to act responsibly and in my best interests regarding all matters related to my account.  To facilitate this authorization, I have attached copies of Lisa Smith's identification documents and the legal documentation confirming her role as my representative.  I kindly request that you update your records to reflect this authorization and provide Lisa Smith with any necessary information or documentation she may require to effectively manage my bank account.  Please feel free to contact me at (555) 678-9101 or john.smith@email.com if you require any further information or clarification regarding this matter.  Thank you for your understanding and assistance in this matter.  Sincerely,  John Smith  **Enclosures:**  1. Copy of Lisa Smith's identification documents | |