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| --- | --- |
| **Authority Letter** | [Email] |
| Operate bank account | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

To Whom It May Concern,

I, [Your Full Name], am writing this letter to inform [Bank Name] that due to my current medical condition, I am unable to personally manage and operate my bank account,[Account Number]. As a result, I am authorizing my [Family Member's Full Name], who is also my [Relationship with Family Member], to act on my behalf and manage all aspects of my bank account.

**I kindly request that [Family Member's Full Name] 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 [Family Member's Full Name] to have full access and control over my bank account. I trust [Family Member's Full Name] to act responsibly and in my best interests regarding all matters related to my account.

In order to facilitate this authorization, I have attached copies of [Family Member's Full Name]'s identification documents and proof of their relationship to me.

I kindly request that you update your records to reflect this authorization and provide [Family Member's Full Name] with any necessary information or documentation they may require to effectively manage my bank account.

Please feel free to contact me at [Your Phone Number]or [Your Email Address] if you require any further information or clarification regarding this matter.

Thank you for your understanding and assistance in this matter.

Sincerely,

[Your Full Name]

[Your Signature]

Enclosures:

1. Copy of [Family Member's Full Name]'s identification documents

2. Proof of relationship between [Your Full Name] and [Family Member's Full Name]