

Date:

Your name
Address line 1
City, State, Zip

Recipient Name
Address line 1
City, State, Zip

Dear _____ :

I am writing regarding my account number _____ that I have with your institution. I am having some health issues and will have to undergo a major medical procedure. I need to ask that (name), my daughter, be appointed representative over my account until further notice.

Please allow (name) to make deposits, withdraw cash, purchase money orders or cashier's checks and to have full access to my account.. This authorization should be granted from today, DATE until DATE unless otherwise notified.

I appoint (name) at (address and phone number) to handle my banking. You can reach me on my cell phone at (phone number) if you have any questions. I look forward to continuing my services with you banking institution.

Sincerely,

Your name