

Urgent Authorization for Family Member

Subject: URGENT - Emergency Authorization for Loan Account Access

Dear Loan Department,

Due to a medical emergency, I am temporarily unable to manage my financial affairs. I urgently authorize my [relationship], [Name], to handle all matters concerning my loan account [Account Number] during this difficult time.

This emergency authorization includes:

- Making payments on my behalf
- Discussing forbearance or hardship options
- Receiving account information and statements
- Communicating with loss mitigation departments

My authorized representative can be reached at [Phone] and [Email]. They have access to all necessary documentation and my full consent to make binding decisions regarding my loan.

This authorization is effective immediately and will remain in place until I provide written notice of revocation or [End Date].

Thank you for your understanding during this challenging period.

Gratefully,

[Your Signature]

[Printed Name]

[Date]

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