Medical Emergency Authorization Letter

Subject: Emergency Authorization for Check Collection

To Whom It May Concern,

Due to a medical emergency requiring immediate hospitalization, I am unable to collect my check in person. I hereby grant emergency authorization to [Authorized Person's Name], my [relationship], to collect the following on my behalf:

Check Information:

- Issuer: [Company/Organization Name]
- Check Date: [date]
- Reference Number: [if available]
- Approximate Amount: [amount]

This is an emergency situation, and I am currently receiving medical treatment at [Hospital Name].

The authorized person will provide:

- This signed authorization letter
- Copy of my identification
- Their own valid identification
- Medical documentation if required

This authorization is specifically limited to the collection of the above-mentioned check only.

Emergency Contact: [phone number]

Respectfully,

[Your Signature]

[Your Printed Name]

[Date]