

Senior Citizen Assistance Authorization

Subject: Authorization for Social Security/Pension Check Collection

Dear [Bank/Office Manager],

I, [Your Name], age [age], hereby authorize my [caregiver/family member] [Authorized Person's Name] to collect my [Social Security/pension/benefit] check on my behalf.

Due to mobility limitations and health concerns, I am unable to personally visit your office.

[Authorized person's name] assists me with various daily activities and has my full trust in this matter.

Check Information:

- Recipient: [your full name]
- Check Type: [Social Security/pension/etc.]
- Expected Date: [date]
- Account Number: [if applicable]

The authorized person will present:

- This signed letter
- Copy of my identification
- Their own valid identification
- Power of attorney documentation (if applicable)

Please contact me at [phone number] if you need additional verification. This authorization continues until I provide written notice of revocation.

Gratefully,

[Your Signature]

[Your Printed Name]

[Date]

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