

Authorization for check encashment when sick

Subject: Authorization to Encash Check Due to Medical Condition

Dear [Bank Manager's Name],

I am currently under medical care and unable to visit your branch. Therefore, I am authorizing [Authorized Person's Full Name], holding ID number [ID Number], to encash my check number [Check Number] on my behalf.

Enclosed are copies of my identification, medical certificate, and the ID of the authorized person.

Kindly extend your assistance and ensure the process is completed smoothly.

Thank you for your kind understanding.

Sincerely,

[Your Name]

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