Authority Letter to Claim

**[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Date]**

**[Recipient’s Name]  
[Recipient’s Position]  
[Organization’s Name]  
[Address]  
[City, State, ZIP Code]**

**Subject: Authority Letter to Claim [Specify Claim]**

**Dear [Recipient’s Name],**

**I, [Your Name], hereby authorize [Authorized Person’s Name] to claim [specific item or benefit] on my behalf from [Claim Source Organization]. This authorization is effective from [start date] to [end date].**

**Claim Details:**

* **Type of Claim: [Specify the claim, e.g., insurance, benefits]**
* **Authorized Person’s Name: [Authorized Person’s Name]**
* **Identification Number: [Authorized Person’s ID Number]**
* **Contact Information: [Authorized Person’s Contact Information]**

**Purpose:**

**The purpose of this authorization is to enable [Authorized Person’s Name] to claim the specified item or benefit due to [reason for claiming, e.g., personal inability to collect].**

**Supporting Documents:**

**I have attached copies of relevant documents, including my identification and the identification of [Authorized Person’s Name], for verification.**

**Conclusion:**

**Please assist [Authorized Person’s Name] in the claiming process and provide the necessary support. Should you require any further information, please contact me directly.**

**Sincerely,  
[Your Name]  
[Your Signature]**