

# 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]