

Authorization for Debt Review Process

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Debt Review Company/Representative's Name] to act on my behalf in all matters related to the debt review process. I understand that this authorization includes the collection and review of my financial information and negotiation with my creditors.

This authorization will remain in effect until the completion of the debt review process or until I provide written notice to revoke it.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information or clarification.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your ID Number]