

# Consent for Debt Collection Agency Engagement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Collection Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Collection Agency Name],

I, [Your Name], hereby give my consent for [Collection Agency Name] to act on my behalf in the collection of my debt in accordance with the agreement reached on [Insert Date of Agreement].

This consent is given willingly, and I understand that [Collection Agency Name] may communicate with me via my provided contact information regarding the collection efforts.

I acknowledge that I have the right to revoke this consent at any time, provided I do so in writing. Any revocation will take effect only following receipt and processing of my written notice.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]