

# Loan Application Authorization for Debt Consolidation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I, [Your Name], hereby authorize [Lender's Name] to obtain any necessary information in relation to my financial history and current debts. This authorization is granted for the purpose of evaluating my application for debt consolidation.

I affirm that the information provided in my loan application is complete and truthful to the best of my knowledge. I understand that this application involves a request for debt consolidation through [Lender's Name].

For further clarification or additional information, I can be reached at [Your Phone Number] or [Your Email].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]