

A Professional Debt Management Service

ph: 888-862-2327 • fax: 888-850-6740 new client phone/fax: 888-804-0624

Waiver & Authorization to Release Information

WHEREAS, the client recognizes that in order for CCDCS to provide its services, creditors of the client, as well as other persons, firms or organizations, will request CCDCS to furnish certain information concerning the client's financial condition.

- In consideration of, and in furtherance of the services to be provided by CCDCS, the client hereby expressly authorizes CCDCS to:
 - disclose any financial information concerning the financial condition and status
 of the client, including, but not limited to his/her income, debts, credit,
 earnings and/or location information to any creditor listed by the client
 - 2. obtain whatever financial information concerning the client from any creditor of the client, as CCDCS deems is necessary.
- The client recognizes that CCDCS has neither responsibility nor obligation for any past, present or future credit rating assigned to the client by any of his/her creditors.
- CCDCS agrees that all information in the client's file will be otherwise kept confidential and used only for legitimate business purposes under the Fair Credit Reporting Act.
- The client understands all accounts included in this program will be closed.
- Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. § 101 et seq.

Client Signature:	Date:
Print Name:	
Co-Client Signature:	Date:
Print Name:	

P.O. Box 1183, Port Townsend, WA 98368