

Consumer Credit & Debt Counseling Services, Inc.

A Professional Non-Profit Debt Management Service

ph: 360-385-0555

toll: 888-862-2327

fax: 360-385-3560

fax toll: 888-850-6740

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:
 1. 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 hereby agrees to hold CCDCS, its employees, officers, directors, and agents harmless from any claim, suit, action or demand made by any creditor of the client or any other person which in any manner may arise from any action taken by CCDCS or the creditors of the client in connection with any services rendered by CCDCS to the client.
- The client recognizes that CCDCS has no 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.
- Client understands all accounts included in this program will be closed.

Client Signature: _____

Date: _____

Print Name: _____

Spouse Signature: _____

Date: _____

Print Name: _____

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

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