

20 South Main St., Suite 205 New City, N.Y. 10956

AUTHORIZATION TO RELEASE INFORMATION

Name of Creditor

Account/Loan Number

Original Creditor

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above creditor or collection agency and its successors and assigns (individually and collectively, "creditor") and the following third parties

Relationship to Borrower: Attorney / Legal Representative(s)

Individual Representatives:

I, authorize the above referenced "Third Party" (individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the above referenced account. This information may include (but is not limited to) the name, address, telephone number, social security number, credit transactions, account balances, payment activity, loan transfers or payoff amounts of the Borrower. Furthermore, I give permission for "Third Party" to provide my financial information over the phone, offer settlements options, accept or denying settlement offers, accept or deny reinstatement options.

A copy of this authorization may be accepted as an original. Authorization allowed for the term of: <u>ONE</u> <u>YEAR.</u>

Last Four of Social Security #	Last Four of Social Security #
X	X
Date	Date

Borrower Name

Borrower Name

Please direct all correspondence & communication to J. Becker & Associates, PLLC at the address listed above. Please direct all verbal communication to J. Becker & Associates, PLLC at (845) 638-6666.