

Debt Management Credit Counseling Corp
3310 N Federal Hwy
Lighthouse Point, FL 33064

AUTHORIZATION

By signing this AUTHORIZATION, I hereby acknowledge that I have read the Client Agreement executed with Debt Management Credit Counseling Corp ("DMCC") and accept and consent to all of the terms set forth therein. I specifically acknowledge and authorize DMCC to utilize my signature below: (a) as acknowledgment and authorization for me to direct that DMCC's receipt of one or more of my check(s) will be deemed to be DMCC's authorization for an ACH debit entry to my account(s) and that DMCC will use my check(s) solely as a source document for capturing my routing number, account number, check serial number, and dollar amount of the entry; (b) as authorization for DMCC to access and view my Consumer Report Information (credit report) as a soft pull that will not affect my credit score, (c) to disclose personal financial information to my creditors and authorize my creditors to release and provide my personal financial information to DMCC (d) represent that I am the owner or have authority of the owner of each account included in the DMP to include the account and (f) to collect, disburse funds and retain the fees specified. I further consent to DMCC's use of electronic communications and understand that I have the right to have any electronic record provided on paper and withdraw the consent to have records provided in electronic form, subject to any conditions or fees that may be imposed by DMCC in the event of such withdrawal; whether my consent applies only to a particular transaction or to categories of records that may be provided during the course of the Agreement, DMCC shall communicate the procedures needed to withdraw my consent and update my information, obtain copies of electronic messages, and any fees that will be charged for such copies.

Client ID: _____

CLIENT

Printed Name: _____

Signature: _____

Date: _____

CO-APPLICANT

Printed Name: _____

Signature: _____

Date: _____