

Community Credit Counseling Specialists, Inc.

5301 Southwyck Blvd., Suite 100

Toledo, Ohio 43614

419-865-2333 Toll Free 888-662-3313 Fax 419-868-0207

Website www.creditcounsel.org

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

ACCOUNT NUMBER _____

DATE: _____, 20____

CREDIT REPORT ONLY

I HEREBY AUTHORIZE THE RELEASE OF ALL FINANCIAL INFORMATION CONTAINED IN OR PERTAINING TO MY CREDIT ACCOUNTS TO ANY EMPLOYEE OF COMMUNITY CREDIT COUNSELING SPECIALISTS, INC.

PRINTED NAME OF PRIMARY ACCOUNT HOLDER SOCIAL SECURITY#

CURRENT ADDRESS CITY, STATE, ZIPCODE / /
DATE OF BIRTH

SIGNATURE DATE

PRINTED NAME OF SPOUSE/SECONDARY ACCOUNT HOLDER SOCIAL SECURITY#

CURRENT ADDRESS CITY, STATE, ZIPCODE / /
DATE OF BIRTH

SIGNATURE DATE

WITNESS DATE