



Third Party Authorization Form

I do hereby consent and authorize Express Collections, Inc.; its' employees, and/or attorney to discuss the below identified debt with certain individuals listed below.

File Number: _____

Original Creditor: _____

Name:

Relationship:

By signing this form, I am allowing Express Collections, Inc.; its' employees, and/or attorney to discuss and share documents that may include private information, payment history, and any other information in regard to the identified account.

Please complete this form and fax to: 605-342-7195 (or)

e-mail it to: legaldept@expresscollections.com (or)

Mail it to: Express Collections, PO Box 9307, Rapid City, SD 57709

Printed Name

Signature

Date: _____

I may revoke this authorization at any time by providing written notification:

By mail: Express Collections, PO BOX 9307, Rapid City, SD 57709.

By Fax: 605-342-7195

By Email: legaldept@expresscollections.com

This is an attempt to collect a debt; any information obtained will be used for that purpose.
This communication is from a debt collection agency.