

# Authorization Letter for Provident Debt Solutions to Communicate with Creditors and Collection Agencies

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I/We, \_\_\_\_\_ expressly grant permission to Provident Debt Solutions and its agents and representatives, solely for the purpose of Provident Debt Solutions to perform its obligations under the Debt Settlement Agreement, to perform the following actions on my/our behalf.

I instruct and authorize Provident Debt Solutions, and request that recipient comply with such instructions:

1. To communicate with banks, creditors, financial institutions, collection agencies, or their agents and assigns, and all other entities and individuals involved with my/our debts and credit issues.
2. To obtain records, debt validations, and support for the debts allegedly owed by the undersigned. Provident Debt Solutions is authorized to request and receive confidential credit and account information from creditors, credit reporting agencies, collectors and other third parties involved with my/our debt and credit issues.
3. To communicate, validate, negotiate and settle my/our debts, with all settlements subject to my/our final approval.

I further authorize Provident Debt Solutions, to release a copy of this Authorization Letter to any of the above-described parties.

Be advised that Provident Debt Solutions is not authorized to accept service on my/our behalf.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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*Applicant Printed Name*

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*Applicant Social Security Number*

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*Applicant Signature*

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*Date*

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*Co-Applicant Printed Name*

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*Co-Applicant Social Security Number*

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*Co-Applicant Signature*

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*Date*