



Date: _____

The undersigned certify the following:

1. I authorize Provident Debt Solutions, LLC to obtain a copy of my credit report for the purposes of my application for debt settlement.
2. A copy of this authorization may be accepted as original.
3. A payment of \$16.00 in the form of a check is required to pull a copy of credit report from Equifax, Trans Union and Experian.

Borrower Signature _____

Printed Name:

Address _____

SSN _____

Phone: _____ Cell _____

