



3033 Express Drive North Hauppauge, NY 11749-5309 • Tel: 631.582.4300 Toll Free: 1.888.354.6332 Fax: 631.582.5088 • www.debtcounselingcorp.org

Collections Authorization

Please complete the below information and return this form to our office. You can either scan/email, fax, or use standard mail to return the form. Email: www.debtcounselingcorp.org, Fax: 1.888.354.6332
Mailing Address: 3033 Express Drive North – Hauppauge, NY 11749-5309

Name: _____

Address: _____

SS# _____

If Applicable:

Name of Spouse/Co-Applicant:

Address: _____

SS# _____

DISCLOSURE

I/We hereby authorize Debt Counseling Corp. to service my/our creditor account(s). I understand that in the course of working with my/our creditors, DCC may discuss the names of my/our creditors, account numbers, account balances, household income/expenses information, net assets and liabilities, the number of people in my/our household, my/our social security numbers(s), the total amount of debt I/we owe, home phone number, and the reason for being in a Debt Management Program. I/we authorize our creditor(s) to release financial and private information to DCC.

Signature: _____ **Date:** _____

Spouse/Co-Applicant's Signature: _____ **Date:** _____

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CREDIT REPORT AUTHORIZATION

Debt Counseling Corporation may need to review your credit profile in order to obtain the best possible concession from your creditors.

I hereby authorize, Debt Counseling Corp. to obtain my credit profile. I understand that although I may ask Debt Counseling Corporation questions pertaining to my credit report, Debt Counseling Corp. is not able to furnish me with a copy of my credit profile.

Debt Counseling Corporation has explained that my credit profile is being requested for the sole purpose of providing credit counseling and financial management assistance and will not be used for the purpose of granting credit. Debt Counseling Corporation does not report information to any credit reporting agency. **It is the sole responsibility of the creditors** participating in my Debt Management Program to update credit reporting agencies, when applicable, in accordance with the Fair Credit Reporting Act (FCRA).

Signature: _____ **Date:** _____

Spouse/Co-Applicant's Signature: _____ **Date:** _____