

AUTHORIZATION TO FAX, EMAIL and/or COMMUNICATE WITH THIRD PARTY

This Consent is signed and agreed to by the following named person. It gives authorization to Receive Revenue Recovery and/or its agents authorization to communicate with me and/or the third party(ies) named below via telephone, mail, fax and/or email as indicated below.

Please complete the following information and email it to legal@receiverecovery.com.

Account # (required) _____ 4-6 digit # found in the box on all letters. You may call our office at 574-247-0862 for the Account #.

Client Name / Your Creditor _____

First Name (required) : _____ Last Name (required) _____

Last 4 Digits of SSN (required) _____ Year of Birth (required) _____

Main Phone Number (required) (_____) Work Phone Number (_____)

Mobile/Cellular Phone Number (_____) Alt Phone Number (_____)

Fax Number (_____) Email Address _____

AUTHORIZATION TO FAX: By authorizing fax communications, you are consenting to receive electronic communications from RECEIVE RECOVERY and/or its agents to the fax number you have provided and/or to the third party(ies) whose name(s) is indicated below. You further give your consent for RECEIVE RECOVERY to contact you and/or the third party(ies) whose name(s) is indicated below via fax in order to communicate information pertaining to RECEIVE RECOVERY's attempt to collect the debt. You understand fax communications may be viewed by unauthorized third parties and are not secure. RECEIVE RECOVERY and its agents assume no liability for fax communications received and/or viewed by any unauthorized third party. You also understand and acknowledge that by providing an employer or shared fax number, faxes to or from RECEIVE RECOVERY or its agents may be accessed by others with access to the fax.

AUTHORIZATION TO EMAIL: By authorizing to email communications, you are consenting to receive electronic communications from RECEIVE RECOVERY and/or its agents to the email address you have provided and/or to the third party(ies) whose name(s) is indicated below. Those communications may include emailed attachments. You further give your consent for RECEIVE RECOVERY and/or its agents to contact you and/or the third party(ies) whose name(s) is indicated below via email in order to communicate information pertaining to RECEIVE RECOVERY's attempt to collect the debt. You understand emailed communications and any attachments thereto may be viewed by unauthorized third parties and are not secure. RECEIVE RECOVERY and its agents assume no liability for email communications received and/or viewed by any unauthorized third party. You also understand and acknowledge that by providing an employer or shared email account, emails to or from RECEIVE RECOVERY or its agents may be accessed by others with access to your email account.

AUTHORIZATION TO COMMUNICATE WITH THIRD PARTY(IES): By authorizing RECEIVE RECOVERY to communicate with third party(ies), you are consenting to RECEIVE RECOVERY and/or its agents communicating, obtaining, sharing, releasing, discussing and otherwise providing to and with each other public and non-public personal information with the third party(ies) named below regarding your debt placed with RECEIVE RECOVERY. This may be done via telephone, fax, mail or email (see above Authorizations). RECEIVE RECOVERY and/or its agents have no responsibility regarding what the third party(ies) do with such information.

- 1) _____ 2) _____
- 3) _____ 4) _____

GENERAL TERMS AND CONDITIONS: By signing this Authorization, you consent to us, our clients and agents using any and all information, including cellular telephone numbers, fax numbers and email addresses, for the purpose of contacting you regarding this and any subsequent debt placed by any client. You understand that this contact may result in charges to you and include the use of text messages, automated dialing machines or other telephone technology, including the use of live, pre-recorded or artificial voice messages.

WITHDRAWING CONSENT: You may withdraw your consent by sending a written request to Receive Revenue Recovery specifying which authorization you are withdrawing. Your consent withdrawal must be sent in writing to PO Box 11266; South Bend, IN 46634. Receive Revenue Recovery will consider your consent withdrawn within five (5) business days of its **receiving the written request**.

SIGNATURE

DATE

**THIS IS A COMMUNICATION FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT
AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**