

**AUTHORIZATION TO COMMUNICATE**

I/We \_\_\_\_\_ and \_\_\_\_\_, located at \_\_\_\_\_, hereby authorize Brookhaven Law Group PLLC, to communicate with creditors, collection agencies, credit bureaus, and any other relevant third party for the purposes of:

- 1. Requesting and receiving confidential information related to any debt owing and/or allegedly due in my/our names.
- 2. Negotiating the settlement, reduction, modification, and/or payment of any debt owing and/or allegedly due in my/our name(s), including any lawsuits concerning such debts.

All employees and agents of Brookhaven Law Group PLLC may act on my/our behalf with regard to the above matters.

This Authorization to Communicate shall be effective unless and until revoked in writing by me/us. A copy of this document shall have the same effect as the original.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Social Security Number

\_\_\_\_\_  
Client Date of Birth

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Social Security Number

\_\_\_\_\_  
Co-Client Date of Birth