

CDI Affiliated Services, Inc./CBP Affiliated Services

Email or Fax Authorization

Name: _____ Phone: _____

Address: _____

Previous Address: _____

Date of Birth: _____ Last 4 digits of SSN _____

Regarding my account(s) with: _____

Please provide a copy of your driver's license or other identification when submitting this completed document.

I am the above listed individual. The information provided above is true and correct. I give my permission and authorize CDI Affiliated Services, Inc. (CDI), CBP Affiliated Services (CBP) (together CDI/CBP) and any of their representatives to send copies of documents pertinent to account(s) that have been listed in their office to me via email or fax. I understand that the documents may contain account information, personal information and federally protected health information. If applicable, I understand that my authorization to send protected health information is voluntary. I understand that my protected health information may include information relating to mental health, AIDS/HIV, alcohol/drug abuse, and/or other sexually transmitted diseases. I further understand that sending these documents containing account and other information, including federally protected health information carries with it the potential for unauthorized and unintended re-disclosure to those that may read, disseminate, forward, destroy or take any action with them once they are sent from CDI/CBP and that the information may no longer be protected under the federal confidentiality rules.

By signing below, I hold CDI/CBP harmless of any unauthorized and unintended disclosure or re-disclosure, dissemination or any actions taken with these documents once they are sent from CDI/CBP as a result of this authorization.

I wish to receive the documents by:

Email: _____ Fax: _____

Further, I authorized CDI/CBP to contact me by telephone at any time (as allowed under the law) for any reason as long as the contact attempt is relating to my CDI/CBP accounts, including on my wireless telephone, which may result in charges to me. Methods of contact include pre-recorded/artificial voice messages and/or the use of an automated dialing device, if applicable.

I have read, understand and agree to all of the above. I grant my permission to CDI/CBP to perform all actions listed in this document.

Signed: _____ Date: _____

Printed: _____

This is from a debtor collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.