

CDI Affiliated Services, Inc./CBP Affiliated Services

Third Party Consent Form

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. All of the above information 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 contact, discuss and provide requested documentation regarding any of my accounts that CDI/CBP have in their collection and recovery system to _____ (third party). Contact information for the third party is listed below.

Third Party Phone: _____ Third Party Fax: _____

Third Party Email Address: _____

Third Party Mailing Address: _____

My authorization includes disclosure of all pertinent information and documentation associated with my accounts with CDI/CBP. Such information includes but is not limited to: account information and personal information, including federally protected health information. I understand that my authorization of 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 disclosure of this information carries with it the potential for unauthorized and unintended re-disclosure and that the information may no longer be protected under the federal confidentiality rules.

I understand that the third party listed in this document is not responsible for the payment or resolving my account(s) listed with CDI/CBP but I allow the third party to pay the account(s) and receive payment data, including receipts on my behalf if the third party chooses to do so. If the third party is intending to make re-occurring payments to CDI/CBP, I understand that a completed Auto Pay Authorization Form will be required by CDI/CBP.

Even though CDI/CBP has no control of unauthorized and unintended re-disclosure of messages or requested documents by unknown individuals, my authorization includes permission for CDI/CBP to contact and to send requested documentation via email, text, fax or through the US Postal Service as instructed by me to the third party listed in this document and/or to me. 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.

(continued on next page)

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

CDI Affiliated Services, Inc./CBP Affiliated Services
Third Party Consent Form (continued)

I hold CDI/CBP harmless of any unintended and/or unauthorized disclosure, dissemination or other actions whether written in any form, verbal or implied that may occur as a result of my authorization to contact and provide information to the third party or to me.

Consent to release any information by CDI/CBP to the third party listed above is valid for 4 years from the date I signed below. I understand that I may revoke all authorization at any time by sending a written notice to CDI/CBP prior to the expiration date. Revocation of this authorization shall not affect authorized disclosures to the third party by signed below. I understand that I may revoke all authorization at any time by sending a written notice to CDI/CBP prior to the expiration date. Revocation of this authorization shall not affect authorized disclosures to the third party by CDI/CBP prior to CDI/CBP receiving notice of revocation from me.

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

Signed: _____ Printed: _____ Date: _____

Please retain a completed copy of this document for your records.

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