

TRINITY DEBT MANAGEMENT SERVICES

Avondale, Arizona

AUTHORIZATION TO OBTAIN INFORMATION

Name: _____ Social Security No.: _____

Name: _____ Social Security No.: _____

Address: _____

I/We authorize Trinity Debt Management Services (TDMS) to verify my/our past and present employment earning records and bank accounts in connection with my/our file. I/We further authorize TDMS to order a consumer credit report and verify other credit information.

This information is not to be released to anyone other than the representing party/ies on my behalf.

Print Name

(If Joint) Print Name

Signature

Signature

Date

Date