
Client ID

Dear Client,

Please fill out and return this form to Genesis Financial Management via fax at 866-866-7550 so we may forward it to your creditor listed below. Your creditor(s) may require this written authorization before they permit us to discuss your account with them or submit a Debt Management Plan proposal. **Please be sure to fill out your Client ID above.**

I hereby authorize all creditors listed on my Genesis Financial Management, Debt Management Plan, those creditors agents and affiliates, or any other third party in possession of a listed account, to release and discuss any and all financial information contained in, or pertaining to my account with any employee of Genesis Financial Management, Inc.

Complete Printed Name

Social Security Number

Signature

Date

Date of Birth

Co Client (If Applicable)

Complete Printed Name

Social Security Number

Signature

Date

Date of Birth