



**HURON
LAW GROUP**

Huron Law Group PLLC.
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AUTHORIZATION TO COMMUNICATE

I/We _____ and _____, located at _____, hereby authorize Huron 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 Huron 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