HURON
LAW GROUP

Huron Law Group PLLC.
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POWER OF ATTORNEY

I/WE _____ and _____

located at _____, hereby appoint Huron Law Group PLLC as my/our attorney to do the following acts:

1. Act on my/our behalf to represent me/us in negotiating the settlement, reduction, modification, and/or payment of any debt owing and/or allegedly due in my/our name(s) and including lawsuits concerning such debts.

2. Request and receive confidential information from creditors, collection agencies, credit bureaus, and any other third Parties in possession of such information that I/we would be allowed to view.

All employees and agents of Huron Law Group PLLC may act on my/our behalf with regard to the above powers.

This Power of Attorney is binding unless and until revoked in writing by me/us. A copy shall be as effective as the original.

Date:_____ Account#: _____

_____ _____
Client Signature Co-Client Signature

_____ _____
Client Social Security Number Co-Client Social Security Number

_____ _____
Client Date of Birth Co-Client Date of Birth