



CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize

Debt Free

To disclose to any or all of my enrolled Debt Management creditors.

(Specific creditor if requested)

The purpose of the disclosure authorized herein is to:

Give Debt Free the permission to speak directly with my creditors as it relates to my specific creditor accounts and give authorization to negotiate on my behalf for purposes of enrollment and acceptance of proposed terms in a Debt Management Program. Debt Free has permission to discuss balances, payments, interest rates, credit history or any other information pertaining to my accounts.

I understand that my records or personal information cannot be disclosed without my prior written consent. By signing this release, I understand that the information disclosed is professional and confidential, and may be communicated in written and/or oral form.

I also understand that I may revoke this consent at any time in writing, and this consent expires automatically when my creditor has been paid in full, I have completed said Debt Management Program or have terminated my agreement with Debt Free.

(Signature of Client)

(Date)

HelpMinistries Incorporated d.b.a Debt Free

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