

Client(s) Signed Authority

First Applicant

Second Applicant

Name:.....
(Block Capitals)

Name:.....
(Block Capitals)

Date of Birth:.....

Date of Birth:.....

To Whom It May Concern

Dear Sirs

Please accept this as my/our authority to allow **Easierdebt** to act on my/our behalf in relation to the debt owed to yourselves. This request is made within the provisions the Data Protection Act 1998.

Signed:

Signed:

Date:

Date:

I can confirm I have received your terms and conditions

Signed:

Signed:

Date:

Date: