

To whom it may concern:

I, _____, give Action Financial Services/AFCS permission to fax the following document _____ to the following fax number _____ on the following date _____.

I understand that any documents faxed to this number, including documents containing personally identifiable information (PII), may be viewed by anyone with access to this fax number.

Borrower's Account # or SSN: _____

Borrower's Signature: _____

Date: _____

This is an attempt to collect a debt and any information obtained will be used for that purpose.