

Action Financial Services, LLC
dba AFCS, LLC in Connecticut,
Delaware, Iowa, Michigan, Texas & Washington
P.O. Box 3250, Central Point, OR 97502

Third Party Authorization Form

Name: _____ Date: _____

Account Number or SSN _____

I hereby authorize _____ as someone that Action Financial Services and/or a subcontractor office, may speak with regarding my student loan account. This authorization will remain in effect, unless revoked by me verbally or in writing, or revoked by the authorized third party verbally or in writing, for as long as my account remains with Action Financial Services or one of their subcontractors.

I understand that important information such as payment options and repayment program requirements may be discussed with the authorized third party and that it is my responsibility to communicate with the 3rd party to make sure I receive the information in a timely fashion. I understand that failure to do so may cause issues with my payments, return of required documents or completion of any voluntary payment program I participate in.

Borrower Name (Please print): _____

Borrower Signature: _____

Authorized Third Party Name (Please print): _____

Authorized Third Party Phone Number: _____

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