

Amos Financial LLC

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AUTHORIZATION TO DISCLOSE INFORMATION

This document will authorize Amos Financial LLC, and any and all persons affiliated, to disclose to:

Name: _____

Property Address: _____

Amos Account No.: _____

any and all information, records or reports concerning my loan/account, as fully and freely as they would disclose such information to me, excluding Consumer Reporting Information. Except as expressly provided for herein, this authorization does not affect or change any previous elections I may have made to opt-out of your information sharing practices.

It is my intent that this authorization serves as my consent to provide a full disclosure to the above party of any and all information in any circumstances where my consent may be required or requested. It does not authorize the above party to take any action on or make any changes to my account, including but not limited to demographic changes, payment applications or reversals, due dates, etc., nor does it allow for the disclosure of consumer reporting information.

(Print Password – Optional:) _____

When disclosing information regarding my account, the above party will need to provide the password if selected/completed.

This authorization will remain in effect until Amos Financial LLC receives notification of revocation in writing.

By signing this form, I am authorizing Amos Financial LLC to discuss with the above-named party, information regarding my loan/account as described above.

(Signature)

(Date)

(Printed Name)

(Account Number)

Amos Financial LLC is attempting to collect a debt and any information obtained will be used for that purpose.