

Client(s) Signed Authority (Please sign all 4 boxes)

Name:..... Name:
(Block Capitals Please) (Block Capitals Please)

In signing this form I confirm I have read and fully understand the Terms and Conditions of Debt Stop Direct Ltd

To whom it may concern

Dear Sirs

Please accept this as our authority to allow Debt Stop Direct Ltd to act on my/our behalf in relation to the debt owed to yourselves. This request is made within the provisions contained in section 34(6) of the Data Protection Act 1984.

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