



**AUTHORIZATION FOR DISCLOSURE OF INFORMATION TO A 3<sup>RD</sup> PARTY**

Name: \_\_\_\_\_  
Creditor: \_\_\_\_\_  
CMC Acct #: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

I hereby grant authorization for disclosure of information to a 3<sup>rd</sup> Party as indicated below:

- Financial Details**
- Account Information / Content**
- ALL Information**

To the following individual:

_____	_____
Name	Title
_____	_____
Organization/Company (if applicable)	Telephone

I further agree that this authorization will remain in full force and effect until such time as I provide written notification to CMC Credit Management Corporation of its amendment or revocation.

_____	_____
Signature	Date
_____	
Date of Birth	

Please return this document to us by:  
Fax: 1-877-877-2399 or E-Mail: info@CMCcredit.ca

[www.CMCcredit.ca](http://www.CMCcredit.ca)