



### Authorization Form

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**First Name**

**Last Name**

\_\_\_\_\_

**Address**

**City**

**State**

**Zip Code**

( ) - ( ) -

**Cell Phone #**

**Fax #**

\_\_\_\_\_ @ \_\_\_\_\_

**Email Address**

By providing the cell phone number, fax number, and/or e-mail address above, I authorize EAS, its agents, or contractors, to contact me at the fax number, cell phone number, or personal e-mail address provided and at any other cell phone number, fax number or e-mail address I may provide in the future. I understand that persons other than me may be able to access my messages, documents or e-mails and their content which may include specific information regarding my account and its status.

**Please sign and return this completed form to: EAS, PO BOX 6714, ROUND ROCK, TX 78683.** You may fax it to (512) 310-3490 or scan and email it to borrowersupport@easerv.com. If you have any questions, please call us at 1-888-687-5580. EAS office hours are Monday thru Friday, 8 a.m. to 5 p.m. and Saturday, 8 a.m. to 12 p.m. CST.

\_\_\_\_\_

**Borrower's Signature**

\_\_\_\_\_

**Printed Name**

\_\_\_\_\_

**Date**

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