

DISCLOSURE AUTHORIZATION FORM

I, _____, expressly authorize Midland Credit Management, Inc. to communicate directly with _____ on all matters relating to MCM Account Number(s)_____.

I acknowledge that without this authorization Midland Credit Management, Inc. would not be authorized to discuss these matters with any family member or representatives, and that I expressly waive that restriction for all purposes.

Dated: _____

Signature

Print or Type Name

Please return this signed and dated form to:

Midland Credit Management Inc.
P.O. Box 939069
San Diego, CA 92193