



ITEMS REQUEST:



Address & Social Security Verification

Thank you for being our customer. Our goal is to maintain complete and accurate information so we could work with your consumer credit reports. Often the credit bureaus will ask to verify your address and social security information.

Please provide **two (2) current forms** of the documents below; **one from each column**.

Column A

- Drivers License
- State ID Card
- Bank or credit Union Statement
- Utility Bills (Water, Gas, Electric, or Telephone)

Column B

- Government issued ID card
- Social Security Card
- Pay stub w/ social security #
- Tax form with social security #
- W2 Form

When providing proof of your current address please ensure that bank statements, utility bills, and cancelled checks are recent and not older than 2 months. All state issued license and identification cards must be current and unexpired. Please note that electronic statements printed from a website cannot be accepted for proof of address.



Notarized Power of Attorney Request

Attached is a copy of the power of attorney which you originally signed with our company. One of your creditors is requesting (or will request) a notarized copy of this form. Please take the enclosed copy to a notary and have your signature notarized in front of them. Please mail back the notarized copy as soon as possible.

Places that notarize: Library Town hall Your Bank



HIPAA Disclosure Authorization Form

Attached is a HIPAA Disclosure Form. Some Creditors (mostly collection companies) will forestall the investigation process by saying that you have not signed a HIPAA Disclosure to release medical data and will use this excuse to not process our investigation request. By signing the attached form, they will not be able to use this excuse to ignore our verification requests.

Please provide checked items ASAP! If you have any additional questions or concerns, please do not hesitate to call! Thank you for the opportunity to assist you.

HIPAA Disclosure Authorization Form

Consumers' Name: _____

I hereby authorize the disclosure of my protected health information to Texas Consumer Protection & Associates for the

purposes of debt validation.

- I understand that I may inspect or copy the protected health information described by this authorization
- I understand that at any time, this authorization receives a written revocation, although that revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed. I understand that my health care will not be affected if I refuse to sign this form.
- I understand that information used or disclosed, pursuant to this authorization, could be subject to re-disclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

X

X

Signature

Date

EXPIRATION DATE: This authorization will expire one year from date of signature.

NOTARIZED POWER OF ATTORNEY

I. PRINCIPAL AND ATTORNEY-IN-FACT

I hereby appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below.

Name: **Texas Consumer Protection & Associates LLC**
Address: **5300 N Braeswood Blvd Ste 4 #5021 Houston, TX 77096**

II. EFFECTIVE TIME

This Power of Attorney shall become effective immediately and shall continue to be effective for one year or until I give written notice of cancellation to the address listed above.

III. POWERS OF ATTORNEY-IN-FACT

My attorney-in-fact shall have the power to act in my name, place and stead in any way which I myself could do with respect to the following matters to the extent permitted by law:

The power to: Act on my behalf in negotiating payment terms with my creditors and also the power to submit letters on my behalf to all credit bureaus and receive documents that relate to my credit and credit history; that shall include credit reports, prior dealings with creditors and settlement offerings made by creditor. Authority is granted in matters relating to collections, moneys, financial and/or credit transactions.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as the attorney-in-fact deems necessary or appropriate in order to fully effectuate these matters.

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney on the date set forth below.

Date: _____

State of _____ County of _____

This instrument was acknowledged before me on:

_____ by _____

date

Name of Person

Signature of Client

(Seal)

Signature of Notary

Client Printed Name

Title and Rank

My commission expires: _____