



# Third Party Disclosure Consent Form

Dear Sir or Madam:

The following, once completed and returned, enables Maple Financial Recovery Inc. ("Maple") to discuss your account with the individual(s) mentioned below.

Creditor: \_\_\_\_\_

Account Number: \_\_\_\_\_

Maple File Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of all information pertaining to my account referenced above, to the person(s) named below.

1. _____		
Surname	Given Name and Initial(s)	Telephone

Relationship to debtor (for example: Spouse, Mother, Brother, Friend)

Address: Street Number and Name, Apartment or Unit#, City, Province, Postal Code, Country

2. _____		
Surname	Given Name and Initial(s)	Telephone

Relationship to debtor (for example: Spouse, Mother, Brother, Friend)

Address: Street Number and Name, Apartment or Unit#, City, Province, Postal Code, Country

Full Name (print)	Signature	Date
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Address: Street Number and Name, Apartment or Unit#, City, Province, Postal Code, Country

*\*This authorization once completed is valid when transmitted via facsimile or sent by mail or courier.\**