



Third Party Authorization Letter

Date: _____

Account Number: _____

Customer Name: _____

Address: _____

To Whom it may concern,

I give Americor authorization to speak with (full name) _____ on
my behalf (full name of customer) _____.

Phone number for authorized third party: _____.

Email address for authorized third party: _____.

**I am aware and have made my third party aware that the authorized party can only
give and get information and that any change requests must be made by myself.**

Thank you,

Customer Signature: _____

This letter may be emailed to: cs@americor.com or faxed to: **800-959-3260**