

Authority to Act

After undergoing a full consultation on all of my options I/we confirm that Abacus (Financial Consultants) Limited has my/our full authority to act in regards to proposing my/our Abacus Debt Management plan.

You are hereby authorised to disclose to them any information relating to my/our financial affairs.

I/we also confirm that, to the best of my knowledge, the information given to Abacus (Financial Consultants) Limited is correct and we will advise them if this information changes.

I/we consent to any data provided to Abacus (Financial Consultants) Limited to be passed to other parties who are assisting in the resolution of my/our financial difficulties. This request is made within the provisions of the Data Protection Act 1998.

Customer Reference Number: _____

Customer Address:

PERSON 1

Name (CAPITALS)	
Signature:	
Date:	/ /

PERSON 2

Name (CAPITALS)	
Signature:	
Date:	/ /

clearing your debt

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f: 0870 803 2074

e: enquiries@abacusfinance.co.uk

w: www.abacusfinance.co.uk