

E-mail Authorization Form

If you prefer to communicate via e-mail as opposed to other methods, please review, sign, date and return this authorization to our office. Please note that until our firm receives this signed and dated authorization, we are unable to communicate with you via e-mail.

I, _____: wish to communicate via e-mail. E-mail is the most convenient and cost effective way for me to communicate. I understand that e-mail may not be as secure a method of communication as telephone or mail. By signing this authorization I waive any and all claims for damages in the event an e-mail is inadvertently disclosed to a third party or violates my privacy. I hereby authorize you to communicate with me via the e-mail address listed below and release Miller Cohen Peterson Young P.C. and its clients from any liability resulting from e-mail communications.

I attest that the e-mail address listed below is not furnished or owned by my employer. I will also take steps to prevent the e-mail from going into the spam filter. Anyone who reads my e-mail always has consent to read all my e-mails, and this letter constitutes express consent.

I also agree to act in a professional manner and not use unprofessional language or engage in e-mail abuse or harassment.

Email address: _____

Dated: _____ Printed Name: _____

MCPY file number: _____

Miller Cohen Peterson Young P.C., is a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.