

## NOTICE OF LIMITED POWER OF ATTORNEY

I / We \_\_\_\_\_ thereafter referred to as Principal(s), do hereby make, constitute, and appoint Harris Goldberg Financial, 3837 Hollywood Blvd, Suit A, Hollywood FL, 33021." (employees, assigns, and/or agents, hereafter referred to as HGF), as my true and lawful representative in fact for me and in my name and for my use and benefit for the following purpose and with the following powers and none other:

1. To enter any and all transactions to proactively intervene, intercede, negotiate, mediate, or arbitrate the settlement of any and all of my creditor claims, suits, judgments, liens and all disputes for purposes of effecting a reasonable settlement. HGF is to perform all required steps in order to approximately exercise the authority granted to it under this Limited Power of Attorney, not to include any type of legal service or legal council.
2. I/we hereby authorize all future communication from any and all creditors, attorneys, collection agents, credit bureaus, agencies or any other third parties to be directed to HGF in accordance with section 805(b) of The Fair Debt Collection Act.
3. The recipient of an original, copy, photocopy, or facsimile of this document in any form whatsoever is specifically instructed by me/us to direct all future communications to HGF as stated above, and in accordance with section 805(c) of The Fair Debt Collection Act.
4. This limited power of attorney is effective upon signing by the principal(s) and specifically authorizes HGF to disclose, talk, and otherwise communicate about, exchange relevant documents, and to otherwise provide to HGF any and all items and information concerning any payable, debt. Account, lien, suit, or judgment for which I/we are allegedly responsible, whether disputed or admitted, for the duration in which I/we are duly enrolled in the HGF Debt Settlement Program, which may extend up to 48 months from the date of signature, inclusive.
5. The recipient of this Limited Power of Attorney (whether provided as an original copy, photocopy, or facsimile) is hereby specifically instructed by the undersigned Principal(s) to contact HGF as set forth below. Further, as a creditor or third party agent of a creditor under the general laws of the Fair Debt Collections Practice Act and the Fair Credit Reporting Act, you are required to work with HGF, and refusal or failure to do so will constitute a refusal to work with me/us. If said recipient does refuse to work with HGF, said recipients do so at their own risk.

Be it further known and understood that I/we will consider the failure of any creditor or third party agent including but not limited to a member of the bar or a collection agent to recognize this limited power of attorney to intentionally and knowingly be interfering with my/our prospective contractual advantage, which I/we may choose to legally remedy by an action in tort.

### AUTHORIZING PARTY

CLIENT D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CLIENT SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CO-CLIENT DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CO-CLIENT SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_  
(Please Print)

CLIENT SIGNATURE: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CO-CLIENT NAME: \_\_\_\_\_  
(Please Print)

CO-CLIENT SIGNATURE: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_