7901 4th St N, Ste# 17261

St. Petersburg, FL 33702

Telephone: (877) 443-8810

Email: [info@cleanslatez.org](mailto:info@cleanslatez.org)

Website: [www.cleanslatez.org](http://www.cleanslatez.org/)

Date

Creditor Name

Creditor Street Address

Creditor City, State and Zip

Re: Consent Form Authorizing Clean SlateZ to negotiate and settle accounts on behalf of APPLICANT NAME for Creditor Name Account#

I, APPLICANT NAME, am providing my written authorization to my creditors to work with and speak directly to Clean SlateZ and their representatives regarding resolution of my outstanding medical debt. Clean SlateZ is a non-profit organization that I have applied for medical debt relief through. They will be settling and paying my medical debts directly on my behalf.

Please contact me at (XXX) XXX-XXXX if any further consent is required to authorize Clean SlateZ to discuss and settle my outstanding medical debt with your organization.

APPLICANT NAME

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APPLICANT SIGNATURE AND DATE