

ATTORNEY AUTHORIZATION AND CONTACT FORM

I, _____, expressly authorize Midland Credit Management, Inc. to communicate directly with my attorney, _____ on all matters relating to MCM Account Number(s)_____.

Dated: _____

Signature

Print or Type Name

Please provide your attorney's contact information below:

Attorney Name:

Attorney Address:

Attorney Phone Number:

Please return this signed and dated form to:

Midland Credit Management Inc.

P.O. Box 939069

San Diego, CA 92193