

IMPORTANT INSTRUCTIONS

Authorization to Communicate with Creditors and Collection Agencies

You may have already signed the enclosed document with your original contract, but most creditors will only accept a copy with a physical signature. It is very important that you return this document as soon as possible. This release will allow us to start negotiating with your creditors.

Please SIGN and RETURN the attached '*Authorization to Communicate with Creditors and Collectors*' form directly to us by one of the following methods:

1. **MyCentury Portal Upload:** The quickest and most efficient way is via a direct upload in your MyCentury client portal online. Use the client login at centuryss.com.
2. **Mail:** Century Support Services
2000 Commerce Loop, Suite 2111
North Huntingdon, PA 15642
3. **Email:** customercare@centuryss.com
4. **Fax:** 1-888-524-4215

Exhibit C Authorization to Communicate with Creditors and Collection Agencies (“Authorization”)

I/We authorize Century Support Services, LLC (“CSS”), its agents (including Century Legal Group “CLG”) and its and their employees and representatives to take the following actions: Communicate with my/our creditors, including but not limited to any agent, representative or third-party collection agency or law firm, and discuss any and all details of my/our financial situation to negotiate settlements of my/our debt obligations; and obtain records, debt validations, credit reports and support for the debts allegedly owed on my/our behalf.

CLG may provide limited services to CSS but will not charge me/us any fee for such services. CSS will compensate CLG (including its lawyer(s) and staff) for its services. This Authorization does not obligate CLG to provide me/us with any legal advice or fulfill any legal duty or take any action. My communications (if any) and information shared with CLG as the exclusive result of this Authorization will not be protected attorney/client communications and will not be subject to the attorney/client privilege.

I/We hereby acknowledge that CSS is only entitled to charge and/or collect its fee for a settlement negotiated with a creditor at such time as I/we make at least one payment pursuant to an accepted settlement offer. Notwithstanding any other documentation evidencing the settlement of a Debt a Creditor and/or CSS may prepare or that I/we may sign, my affirmative payment instruction shall constitute ratification of, and consent to, any settlement negotiated on my debt settlement program.

I/We affirm that all of the information that I/we have provided and will provide to CSS is accurate, timely and correct. I/We expressly acknowledge that: (i) CSS is not a law firm, and CSS and CLG do not and will not provide me with any legal advice or legal representation, unless I/We sign a separate agreement with CLG; (ii) any collection activity, demand or lawsuit resulting from a default in any obligation owed by me/us to any Creditor is not the result of my participation in the CSS debt reduction program and I/we will not hold CSS and/or CLG responsible for any such activity; (iii) CSS and CLG do not and will not provide me/us with any tax, bankruptcy or accounting advice; and (iv) CSS does not and will not use its money to assume or pay any of my debts for me/us or make periodic payments to my/our Creditors, and is solely engaged to provide those services described in my Debt Settlement Agreement.

HIPAA Release: I/We intend that this Authorization, within the scope of its limitations concerning my debts, conveys to CSS, including its agents the authority to be treated as I/we would be treated with respect to my/our rights regarding the use and disclosure of my individually-identifiable health information or other medical records related to any medical debt enrolled in my CSS Debt Settlement Agreement. This release applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320 (d) and 45 C.F.R. 160-164. I/We authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other health care provider or insurance company or entity that has provided treatment or services to me/us or that has paid, holds a debt, or is seeking payment of a debt from me for such services, to give, disclose, release, and discuss as if with me/us personally, without restriction, all of my/our individually-identifiable health information and medical records related to any debt I’ve enrolled in CSS’ Debt Settlement Agreement. This authority is effective immediately and supersedes any previous directive I/we may have given to any health care provider or entity described above to restrict such access.

The recipient of this Authorization, whether by original, photo copy, facsimile or electronic copy is specifically authorized and instructed by the undersigned to contact, or receive communications from CSS, including its agents and employees, regarding any of the purposes listed herein.

Client Signature Printed Name SSN# Date

Co-Client Signature Printed Name SSN# Date