

FOLLOW-UP COLLECTION AUTHORIZATION LETTER

Please type or print

Dear LegalShieldSM member:

You have requested that we send a follow-up collection letter on your behalf in this matter. It is necessary that we, as a law firm, have your authorization to take action such as writing a letter. The authorization, certification of prior activity in this matter, and other information you provide here also helps us to verify the information that we have previously taken by telephone.

Please carefully read this letter and the Request for Follow-up Collection Letter or Telephone Call that follows, then complete the requested information, sign the form and return it to us. **YOU MUST FULLY COMPLETE EACH BLANK LINE AND PROVIDE ALL REQUESTED INFORMATION BEFORE WE CAN CONTACT THE OPPOSING PARTY ON YOUR BEHALF.**

NOTE ON OUT OF STATE LETTERS: Friedman, Framme & Thrush, P.A. cannot send collection letters to individual debtors for consumer debt who reside outside of the state. Other states have requirements for licensing and bonding, as well as other unique requirements for collection letters to other consumers. We can send collection letters only to out-of-state businesses.

Sincerely yours,

Friedman, Framme & Thrush, P.A.

Request for Follow-up Collection Letter or Telephone Call

Date: _____ To: Friedman, Framme & Thrush, P.A.

Attention/Attorney: _____

Email: mail@fftlaw.com - or- Fax: (410) 559 9009

From: _____

State: _____ Intake #: _____ LegalShield Membership #: _____

My Mailing Address:

Please issue a follow-up collection demand letter to the named (check one) individual or business based upon the information I am providing below:

1. The full name and address of the Debtor: _____

2. Name of Creditor: _____

3. Basis for Claim:

4. Original Debt: _____

5. Amount Paid: _____

6. Current Debt: _____

7. I acknowledge that the foregoing statements are true, correct and accurate. If any information is found to be incorrect and/or has been misrepresented by me, I will hold harmless and indemnify Friedman, Framme & Thrush, P.A. for any expense which they may incur because of my misstatements.

8. I understand that you (check one) WILL or WILL NOT send a copy of the draft letter to me to review before it is sent to the opposing party. I further understand that if you send a draft to me that you will not send a final letter until you receive my comments on your draft.

9. I (check one) DO or DO NOT want the final letter sent by Certified Mail, Return Receipt Requested (CMRRR). I understand that there is a \$10 fee for a CMRRR letter and if I request one, I have enclosed my check for \$10.00 payable to Friedman, Framme & Thrush, P.A. or have contacted the firm to make payment by credit card.

➔ Please make your check payable to “Friedman, Framme & Thrush, P.A.” and mail it to Friedman, Framme & Thrush, P.A., 6800 Paragon Place, Suite 233 Richmond, VA 23230 or call our 800 number to pay by credit card over the phone.

10. Please send my copy of the draft and/or final letter to me by (choose one):

a. Email to: _____

b. Fax to: _____

c. Regular mail to: _____

The details I have provided are accurate to the best of my information and belief.

Signature

Date

Important note to members:

If we prepare and send a letter on your behalf, we will do so under the terms of your LegalShield membership contract and will rely on the information contained in your Request to do so. We will make every effort to complete and send the letter within three business days from receiving the Request from you. We will send you a copy of any letter. Our representation of you in this matter will end when we send the letter or make the telephone call. However, please call with any additional questions you may have or if you would like us to take further action. We would appreciate your advising us of any response you receive from the opposing party.