

# TCI Services Group, Inc.

## Authorization & Power of Attorney

(Please print legibly on this form)

I, \_\_\_\_\_ with \_\_\_\_\_, Date of Birth \_\_\_\_\_,  
*Please Print (First, Middle, Last Name) Social Security No. D.O.B.*

Resident of \_\_\_\_\_  
*Resident address City State Zip*

and employed at \_\_\_\_\_  
*Employer Name (please print) AND Employer's Address*

\_\_\_\_\_, authorize TCI Services Group, Inc.  
*CONTINUE WITH → Employer's Address, City State Zip*

and its agents (any assignees to include financial institutions) to retrieve copies of my credit report from any and all credit reporting agencies such as Equifax, Experien, Trans Union, and others for the purposes related to my credit verification, rental, credit or security loans, employment, or any other issues in which I will be involved with TCI, its agents, representatives, assignees, etc.

My named attorney-in-fact shall have full power and authority to undertake, commit, and perform any and all of the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence: (Describe specific authority)

**To manage, consult, direct and to effect all financial affairs relating to Arbitration, Collection, Dispute, Negotiation, or Settlement with any lending institution, creditor, and credit reporting agency including direction and management of such funds with all accounts.**

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to pay the fees and reimburse my attorney-in-fact at a specified rate and terms which is described in a separate agreement signed by both parties, all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

### Special durable provisions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either

- a) actual or constructive notice of revocation through Certified US Postal Services delivery, or

INITIALS \_\_\_\_\_

**TCI Services Group, Inc.**

\_\_\_\_\_  
Credit Authorization & POA  
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b) upon recording of said revocation in the public records where the Grantor resides and a copy of such is forwarded to the above agent through a certified US Postal Service delivery.

I hereby ratify and confirm to all that reflected above as my true agreement.

**IN WITNESS WHEREOF**, I have set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed, Sealed and Delivered  
in the presence of:

\_\_\_\_\_  
Signature of Authorizing Party,                      Date

\_\_\_\_\_  
Authorizing Party/Grantor's name (please Print)

\_\_\_\_\_  
WITNESS

**NOTARY PUBLIC SECTION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

PERSONALLY appeared before me \_\_\_\_\_(Notary), who, on oath, says that

(s)he saw the within-named \_\_\_\_\_(Authorizing Party) sign, seal and as his/hers act and deed, deliver the within-written Power of Attorney for the uses and purposes herein mentioned and (s)he,

with \_\_\_\_\_ and \_\_\_\_\_, witnessed the execution thereof.

Sworn and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

INITIALS \_\_\_\_\_