

**To whom it may concern**

## **Client Authorisation**

**Full Name(s)**.....

**Previous name(s) (if any)** .....

**Address** .....

**Date(s) of Birth** .....

West Kent Debt Advice (WKDA) is assisting me with my financial affairs.

I hereby authorise WKDA to act on my behalf, to send correspondence, to enter into negotiations, and to arrange for an orderly payment of my debts, as appropriate.

I hereby give all third parties concerned my authority to send correspondence to WKDA, to enter into negotiations and agree repayment schedules with WKDA, and to divulge personal details including details of my financial situation and a Credit Report if requested, to any representative of WKDA.

I confirm that I am working with WKDA to resolve my financial situation and that I have given them and will continue to give them full and correct information regarding my situation. In signing this authority I give all my creditors authority to accept the Common Financial Statement from WKDA as a true reflection of my financial situation.

**Signed (1)** .....

**(2)** .....

**Date** .....

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### **West Kent Debt Advice**