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Office Hours:  
Monday - Thursday 8:30 am to 6:00 pm  
Friday 8:30 am to 3:00 pm MT



*Advantage Financial Services*  
[www.afsidaho.com](http://www.afsidaho.com)

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### Email or Fax Authorization

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Regarding my account(s) with \_\_\_\_\_

Please provide a copy of your driver's license or other identification when submitting this completed form.

The information provided above is true and correct. I give my permission and authorize Advantage Financial Services LLC (AFS) and any of their representatives to send copies of documents pertaining to the account(s) that have been assigned to AFS to me via email or fax. I understand that the documents may contain information which is personal, account information, and federally protected health information. I understand that my authorization to send account information and/or protected health information is voluntary and that sending such information carries with it the potential for unauthorized and unintended disclosure to those that may read, disseminate, forward, destroy or take any action with them once they are sent from AFS and that the information may no longer be protected under the federal confidentiality rules.

I wish to have the documents sent to the email or faxed to the number listed below:

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Documents:    \_\_\_ Receipt or letter acknowledging payment for Payment made on \_\_\_\_\_(date)  
                  \_\_\_ Itemized Statement                    \_\_\_ Copy of Judgment  
                  \_\_\_ Other: \_\_\_\_\_

By signing below, I hold AFS harmless of any unauthorized and unintended disclosure or re-disclosure, dissemination, or any actions taken with these documents once they are sent from AFS as a result of this authorization. I further authorize AFS to contact me by telephone, including my wireless telephone (which may result in charges to me) at any time (as allowed by law) for any reason as long as the contact attempt is relating to my accounts assigned to AFS. Methods of contact may include pre-recorded/artificial voice messages, the use of an automated dialing device, and/or sending text messages, if applicable. I agree and understand that I am entitled to 1 copy of the documents free of charge and agree to pay a fee of \$3.00 per page for additional copies of any documents which have already been provided to me by AFS regardless of how the documents were delivered to me. I agree to pay the \$3.00 per page for additional copies of documents in advance of receiving said documents and that such payment will be made to AFS with certified funds.

I have read, understand and agree to all of the above and hereby authorize AFS to perform all of the actions listed in this document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.