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Consent to disclosure of personal information to a third party

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Name of Debtor : \_\_\_\_\_

Creditor : \_\_\_\_\_

Creditor Account #(s) : \_\_\_\_\_

GCQ Canada File No. : \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize GCQ Canada to discuss with the  
*(print name of Debtor)*  
 person named below (third party) all matters related to my account(s) mentioned above.

I also authorize release of the information contained in such account(s) to this person.

**Third Party Information**

Family Name	First Name	1 <sup>st</sup> Telephone #
Full Address		2 <sup>nd</sup> Telephone #
City, Province, Postal code		Relationship to Debtor

I have signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
 (Signature of Debtor)

**\* This authorization is valid when it is delivered in person, by email, by mail, by fax or by courier.  
 Please send this document to the Montreal (Terrebonne) office (contact information below).**