



Credit Counseling Service  
Main Office: 1900 Fairgrove Ave (Rt.4)  
Hamilton, Ohio 45011  
(513) 868-3210  
(513) 424-6888 Middletown  
(513) 886-9220 Mason

## **AUTHORIZATION FORM**

Print Name Clearly: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse (if applicable) \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Street

City

State

Zip

I hereby authorize Credit Counseling Service of Butler County to pull my/our credit Bureau report and understand that CCS will show as an inquiry. I understand that a copy may be retained in Credit Counseling's file. Upon successful completion of the Debt Management Plan, I authorize LifeSpan to pull a second credit report to illustrate how this service has impacted my credit score.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\* If requesting a joint report, spouse must sign. Both parties must be present to review joint report.