



COLLECTION ACCOUNT WAIVER

This **COLLECTION ACCOUNT WAIVER**, referred to herein as the "Waiver", made between the Client and Debt Free hereinafter "*DF*" as of the date signed. You are the Client and we are *DF*. When a word or phrase is in *italics*, it shall have the meaning of the same word or phrase set forth in the Debt Management Agreement and/or the Repayment Schedule.

The Client acknowledges that this Waiver is part of the Debt Management Agreement ("Agreement") and its attachments and you acknowledge the following and agree to all of the terms and conditions of the Agreement. Further, You have read the entire Agreement including the attached "Terms of Debt Management" and applicable disclosures. Do not sign this Waiver before you read it. You are entitled to a copy of the Agreement including this Waiver.

You acknowledge that You have had an opportunity to ask us questions about Your accounts that have been assigned to a collection agency and the limitations of *DF* to negotiate on your behalf and the potential legal rights a collection agency may have. The Client acknowledges that *DF* has not offered any legal advice and has advised You to seek independent advice regarding this Waiver.

You hereby release *DF* of any liability regarding the ability to satisfy the responsibilities of items in collections. Nothing in this Waiver alters your responsibility to act according to the terms and conditions of the Debt Management Agreement. You give us permission to include the collection accounts that you have disclosed to *DF* in the Debt Management Plan ("DMP"). On occasion, a Listed Collection Creditor may notify *DF* that the total amount you owe to such Listed Collection Creditor is greater than the amount that you have disclosed to *DF* and listed on the Repayment Schedule without contacting you. In such situations, you hereby give us permission to adjust your DMP payment by up to \$10 per month. Your permission is only needed if the Listed Collection Creditor notifies *DF* that in order to approve your repayment arrangement, an increase of more than \$10 is required. If such an increase is required, *DF* will notify you prior to increasing your debit.

You authorize *DF* to arrange for repayment of the disclosed Collection Accounts on your behalf. You further understand that a Collection Agency may have legal rights to have the amounts you owe adjudicated and reduced to judgment. You further understand that You may receive legal notices from the Collection Agency including but not limited to: demand for payment, summons and complaint, collection letters and other such orders that may be administratively applicable under state statute. **YOU UNDERSTAND THAT IT IS YOUR RESPONSIBILITY TO SEEK LEGAL ADVICE REGARDING THESE MATTERS AND THAT *DF* WILL PROVIDE NO LEGAL ADVICE OR LEGAL ASSISTANCE AND *DF*'s OBLIGATION IS ONLY THAT OF DISTRIBUTING PAYMENTS ON YOUR BEHALF.** You will provide *DF* with updated statements from enrolled Collection Agency accounts so that *DF* can ensure that Your collection accounts are being sufficiently reduced.

You give *DF* permission to discuss balances, payments, interest rates and credit history among other things, with any Collection Agency you include in the DMP and that *DF* may obtain and use a current credit report on You to assist us in working on Your behalf.

IN WITNESS THEREOF, the parties have signed this Agreement as of the date first written above.

Client Signature: _____

Co-Client Signature _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Debt Free
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