



AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

I hereby authorize the Military Star Exchange Credit Program to release and or discuss any and all financial information contained in or pertaining to my Account with any employee of the following Credit Counseling Service:

Debt Free	Sara Nance
_____	_____
COUNSELING SERVICE	FINANCIAL COUNSELOR
1148 W Baseline Rd. Mesa, AZ. 85210	866-814-3332
_____	_____
AGENCY ADDRESS	PHONE NUMBER
_____	_____
PRINTED NAME OF ACCOUNT HOLDER	SSN
_____	_____
SIGNATURE	DATE
_____	_____
ADDRESS	

CITY STATE ZIP CODE	

****NOTE: Power Of Attorney is required with authorized user's signature.**

WITNESS

Send back information:
(All Correspondence to AAFES)

Mailing address:
HQ AAFES Customer Call Center Attn. Correspondence
PO BOX 650410
Dallas, TX 75265-0410

Fax Number:
214-312-2700
E-mail: militarystar@aafes.com