



**DELTA MANAGEMENT
ASSOCIATES, INC.**

Office Hours: Mon.-Thurs. 8:00 a.m.-9:00 p.m.
Fri. 8:00 a.m.-5:00 p.m., Sat. 8:00 a.m.-12:00 p.m.
fins@deltamanagementassociates.com

**ELECTRONIC DELIVERY OF ACCOUNT NOTICES
CONSENT AND AUTHORIZATION FORM**

Mobile phone/text/e-mail account notice consent and authorization:

You agree, in order for us to service your account or to process the collection amounts that you may owe, Delta Management Associates, Inc. may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which may result in charges to you. You also agree to receive text messaging notices regarding your account, which may result in standard text messaging rates. We may also contact you by sending e-mails, using any e-mail address you provide to us. Methods of contact may include using prerecorded, artificial voice messages and/or use of an automatic dialing device, as applicable.

I hereby authorize Delta Management Associates, Inc. to use the e-mail address listed on this consent and authorization form to contact me for all notices and reminders pertaining to my account, to use any phone number, including mobile phone numbers listed on this consent and authorization form, for all notices and reminders pertaining to my account and to send me text messages to the mobile phone number listed on this consent and authorization form.

I hereby release Delta Management Associates, Inc. from any liability that may be incurred by usage of my e-mail address or mobile device.

Right to withdraw consent:

To discontinue this electronic delivery service, you can e-mail your request to Delta Management Associates, Inc., or you can request a discontinuance of service by calling Delta Management Associates, Inc. It may take up to 15 days for Delta Management Associates, Inc. to implement your request. And after such time, you will no longer receive your account notices electronically. Delta Management Associates, Inc. will charge no fee for discontinuing the service. To obtain a paper copy of a particular account notice, contact Delta Management Associates, Inc.

E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

By signing below, I acknowledge that I have read and accept the terms of the Electronic Delivery of Account Notices Consent and Authorization Form.

Accepted By: _____ Date: _____

Print Name: _____

This is a communication from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.