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FINANCIAL RECORDS AUTHORIZATION

Deponent Name: _____
 Address: _____
 Name on Record: _____
 Address: _____
 Date of Birth: _____ SS#: ____-____-____ Other ID: _____

I, the undersigned, hereby authorize the Custodian of the Records of the above-referenced entity to release information which may be requested regarding myself and to allow them or any person appointed by them to examine or photocopy records regarding me or records which you have in your custody, possession or control, including but not limited to: any and all financial records, income tax records, income tax returns, notation cards memoranda all bills, paid or unpaid. Any other records, documents or computer entries whatsoever in your possession or control.

Disclosure is to be made to: **C D SERVICES, INC.** 24027 Research Drive, Farmington Hills, MI 48335 and/or all attorneys of record.

This authorization is for copying purposes only and will be automatically revoked as soon as the purpose for which it has been given has been served.

A photocopy of this document shall be considered valid as if the original were offered.

Subscribed and Sworn to before me this
 _____ day of _____, 20__.

 Notary Public, _____ County,
 State of _____.
 My Commission Expires: _____

 Signature of Person/ Legal Representative
 (order appointing attached)
 Date: _____