



# COLLECTION SIMPLE

880 W 1ST #610, Los Angeles, California 90012  
Tel: 866. 402. 8866 Fax: 213. 625. 8804



## Simple Collection Services Power of Attorney

(Attorney-In-Fact)

Date: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that I \_\_\_\_\_ (Client's Name) \_\_\_\_\_ (Client's address) have made, named, constituted and appointed, and by these presents do make, name, constitute and appoint Simple Collection Services at \_\_\_\_\_ (Mailing

address for Simple Collection Services) my true attorney-in-fact for and in my name, place and, stead, with full power and authority to do and perform all and every financial act, collection services, and thing whatsoever, necessary, requisite or proper to be done, as fully, do all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that Simple Collection Services shall lawfully do or cause to be done by virtue hereof.

This Power of Attorney (Attorney-In-Fact) shall remain in effective for a period of \_\_\_\_\_ (number) of Months from the date hereof.

If this Power of Attorney (Attorney-In-Fact) is terminated by operation of law, any person acting in reliance upon it without notice of such termination shall be held harmless.

IN WITNESS WHEREOF, this Power of Attorney (Attorney-In-Fact) has been executed on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Signing Place).

\_\_\_\_\_  
(Signature of Client)