



**Texoma Council of Governments
1117 Gallagher Dr Ste 200
Sherman, Texas 75090
Phone (903) 893-3553**

~~~~~Authorization for Release ~~~~~

Current Date: _____

To: CoServ
Pledge Group
Fax- 940-270-6802

RE: Customer Name: _____

Address: _____

Acct#: _____

I, _____, authorize CoServ to release information on my
(Customer Prints Name Here)
account to **Texoma Council of Governments**. I, _____, authorize this release for up to
(Customer Initials)
one year from the above date. ****This release is not transferable. ****

_____ Faxed # _____ Attn: _____

_____ Emailed: _____ @ _____

Contact Phone Number for Caseworker: _____

Customer's Signature