



Verizon Recovery Department  
P O Box 650051  
Dallas, TX 75265-0051

## Attorney Authorization

RE: Account Number:

I, the undersigned, do hereby authorize \_\_\_\_\_, its employees, agents,  
(Attorney Name)  
representatives and/or assignees with full power and authority to act on my behalf with regard to  
all matters relating to my Verizon Wireless service, and also specifically instruct the recipient  
hereof to disclose any and all information relating to my account, including but not limited to  
releasing personal, confidential account information.

The foregoing is agreed by:

\_\_\_\_\_  
Customers Name

\_\_\_\_\_  
Date