COMPLETE BUSINESS SOLUTIONS GROUP, INC. d/b/a PAR FUNDING, et al.
CASE NO.: 20-CV-81205-RAR

CHANGE OF INFORMATION AUTHORIZATION FORM

I, _____, hereby authorize the Receiver, his retained
(name)
professionals, the Claims Agent, and the staff of the Receivership Entities to update my contact information as listed in this document for all future notice and contact with me.

*Claim Number (if applicable):*_____

Entity against which you have asserted, or intend to assert, a claim: _____

_____

Claimant Name: _____

***Current Information**:*

*Current Address:*_____

City: _____ *State:* ___ ZIP Code: _____

Phone: _____

*Email Address:*_____

Previous Information:

*Previous Address:*_____

City: _____ *State:* ___ ZIP Code: _____

Phone: _____

*Email Address:*_____

Signature:_____

Title: _____ (*If Claimant is an Entity)*

Dated:_____