



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

Attorney Authorization

Re: Verizon Wireless 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 +play service(s), 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