



E-Mail Consent Form – NYS Residents

Account No: _____

Name: _____

Email: _____

Phone: _____

Address: _____

City, State Zip: _____

By signing this form, I acknowledge and agree to permit ConServe to contact me via electronic mail about the above referenced debt. In addition, I take all responsibility for maintaining the privacy of the information I receive from ConServe via email; as well as, all the responsibility for any disclosure associated with the email address provided.

Additionally, I confirm that the email address provided above is not an electronic email account furnished or owned by my employer.

Signature: _____