



# THIRD PARTY AUTHORIZATION FORM

Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

To: GM Financial

I hereby grant you permission to communicate with and discuss the above referenced account with the third party named below. I also grant permission and unlimited authority to the third party named below to make any and all arrangements on the account referenced above, including, but not limited to, making payments, obtaining due date changes and authorizing extensions.

Print third party's name: \_\_\_\_\_

Third party's address: \_\_\_\_\_

Third party's phone number: \_\_\_\_\_

Relationship to Customer: \_\_\_\_\_

Year Make and Model of Vehicle: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Customer: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

GM Financial Customer Experience: 1-800-284-2271

Fax: 1-877-999-7088  
Email: [cxo.resolution@gmfinancial.com](mailto:cxo.resolution@gmfinancial.com)