



Texoma Council of Governments
1117 Gallagher Dr, Suite 200, Sherman, TX 75090
Phone: 903-893-2161

Authorization for Release

Date: _____

Submit To: CoServ

Pledge Group

Customer Name: _____ **Account Number:** _____

Service Address: _____

I, _____, authorize CoServ to release information on my
(Customer name here)

account to **Texoma Council of Governments**. I, _____, authorize this release for up to one year
(Customer initials)

from the above date. **This release is not transferable.**

Customer's Signature: _____

Caseworker name: _____

Contact phone number for Caseworker: _____