Date:
To:
Address (City, State, ZIP Code):

Subject: Authorization for Billing Information Disclosure

Dear:
I, , am the account holder for the services provided by and my account number is . I am writing to authorize the disclosure of my billing information to you, **The Ree Wynn Foundation**, for the purpose of **bill payment assistance**.

I understand that my billing information may include, but is not limited to, the following:

1. Billing statements and invoices.
2. Account balances and payment history.
3. Account number and customer identification information.
4. Service plan and subscription details.

I hereby authorize to share this information with **The Ree Wynn Foundation** for the sole purpose mentioned above. This authorization will remain in effect until I provide written notification to revoke it. I also acknowledge that this authorization does not transfer any ownership or responsibility for my account to **The Ree Wynn Foundation**. The disclosure of this information is solely for the purpose of assisting me with my account.

I understand that will take reasonable precautions to ensure the security and confidentiality of my personal and billing information. will not be held responsible for any misuse or unauthorized disclosure of information by **The Ree Wynn Foundation**.

This authorization is granted voluntarily and without any undue pressure or coercion from any party.

By signing below, I affirm my understanding and consent to this authorization.

Signature: _____ Date: _____

Thank you for your cooperation in this matter.

Sincerely,

Full Name:
Address (**City, State, ZIP Code**):
Account #:
Email Address: