



P.O. BOX 183581
ARLINGTON, TX 76096-3581

RE: 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 installment 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: _____

License Plate Number: _____

Customer: _____
Print Name Signature

Date: _____

GM Financial Customer Experience:
(800) 284-2271 Fax: (877) 999-7088
Phone Support Hours:
Mon-Fri: 7 a.m.-6 p.m. CT
Sat: 9 a.m.-1 p.m. CT

CA Finance Lender License #603J096

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