



Debt Management Services Program
 500 James Robertson Parkway
 Nashville, TN 37243
 Tel: 615-741-1831 • Fax: 615-253-1692
<https://www.tn.gov/commerce/regboards.html>

Trust Account

Provide information identifying all trust accounts required by § 47-18-5522 and an irrevocable consent authorizing the administrator to review and examine the trust accounts.

Name on the account: _____

Location of the account: _____

The account number: _____

The dollar value as of date of application: _____

Identify each person with access to the trust account:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

IRREVOCABLE CONSENT

The undersigned individual, _____ being an applicant for license as a debt management services provider in the State of Tennessee, does hereby irrevocably consent, stipulate and agree that Commissioner of Commerce and Insurance, or their designee, his/her successors, its attorney in the State of Tennessee; may review and examine all trust accounts maintained by the applicant.

_____ Affiant Signature _____
 Date